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| **Application for Permit to Move a House** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Applicant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mailing Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |  | | |
|  | | | | | | | | PO Box / Street Address | | | | | | | | | | | | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | | State | | Zip Code | | |
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| Business Phone Number: | | | | | | | | | | | |  | | | | | | | | | | | Emergency Phone Number During Move: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **Dimensions** (maximum feet & inches for each) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Width: | | | |  | | | | | | | | | |  | | Height: | | | | |  | | | | | | | | | | | |  | | Length: | | | | | | |  | | | | | | | |  | | | | |
|  | | | | | (excluding eves) | | | | | | | | | |  | | | | | | | (highest point loaded) | | | | | | | | | | | |  | | | | | | | | | (house & truck) | | | | | | |  | | | | | |
| **Route** | | Beginning at: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Ending at: | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | City or other identifiable mapped location | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | City or other identifiable mapped location | | | | | | | | | | | | | |
|  | Date movement begins: | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | Date movement ends: | | | | | | | | | | | | | | | | |  | | | | |  | | | |
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|  | Time of day movement will begin: | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | Time of day movement will end: | | | | | | | | | | | | | | |  | | | | | | |  |
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|  | Include all State Highway numbers and the locations address, highway, county road, or city street where entering and exiting each below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Highway | | | | | |  | | | | Entering | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Exiting | | | | | | | | | | | | | | | |
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| If the overall height exceeds seventeen feet (17’), the movers shall provide written agreements dated and signed by the owners of overhead facilities (utilities, traffic signals, etc.) along the route and the move shall be accompanied by representatives of the owners or the mover shall obtain letters from the owners indicating they are aware of the height of the overheight load and do not desire to have a representative accompany the move. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | Contact Required | | | | | | | | | | | | Electric | | | | | Phone | | | | | Cable | | | | | | Signals | | | | | Other: | | | | | | | |  |  | | | | | | | |  | |
|  | | | | Yes | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | | |  | | | | | | | | |  | |
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| The applicant assumes full responsibility for any damages to roads, bridges, persons, or private property resulting from this move and warrants that this liability is covered by required insurance in companies authorized to transact business in Arkansas. The applicant acknowledges this application is for travel over State Highways only and that permits may be required from Cities or Counties for travel on State Highways or other roads.  I declare, under the penalties of perjury, that this application has been examined by me and to the best of my knowledge and belief, all statements are true and correct, and that I or we are legally authorized to transport the house. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Printed name / title | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Date | | | | | | | | | |  | Signature | | | | | | | | | | | | | |
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| **The area below to be completed by District Engineer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Recommended for Approval: | | | | | | | | | | | | | | Yes | | | |  | | No | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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