



**Town of Paradise**  
 Community Development Department  
 Building Resiliency Center  
 6295 Skyway  
 Paradise, CA 95969  
 (530) 872-6291 x411

**Moving Permit Application - Single Trip**

I/We, the undersigned, hereby apply to the Town of Paradise to move equipment, building, or other items over the Town roads and highways, all in accordance with the Paradise Municipal Code Chapter 10.28 and other Town and State laws. I/ We have read the attached regulations. **\*\$18.00 per transportable unit**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Description of Object to be Moved: \_\_\_\_\_

Gross Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_

Type of Transport: \_\_\_\_\_

Will Traffic be halted for pick-up/transport/ or unloading of load? **Yes** **No**

*If yes, please contact the Public Works/ Engineering Department for applicability of Encroachment Permit for traffic control measures.*

Can the length, width, height, or load be reduced for the move? **Yes** **No**

Will the move require more than one trip (units)? **Yes** **No** If Yes How Many? \_\_\_\_\_

Outline Proposed Route (Streets): \_\_\_\_\_

Destination Address: \_\_\_\_\_

Date of Transport: \_\_\_\_\_ Time of Moving: \_\_\_\_\_

**Credit Card Number**

**Exp Date**

**Card Holders Name**

**PERMIT GRANTED**

In compliance with your above request and subject to the attached general conditions and/or subject to the special conditions listed below, if any, your Permit is hereby granted,

Special Conditions: **SEE ATTACHED**

Insurance on file? **Yes** **No** Permit Expiration Date: \_\_\_\_\_

Called to PD? **Yes** **No** **N/A** Date Issued: \_\_\_\_\_

By: \_\_\_\_\_ for the Director of Public Works