

MISSISSIPPI DEPARTMENT OF TRANSPORTATION
HOUSE MOVE INFORMATION FORM

Applicant Name: _____

Address: _____

Telephone: _____

Permit Fee \$ 10.00 Please Bill To: _____ Charge Acct _____

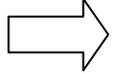
Credit Card _____ Enclosed Check/Money Order _____

Email Address: _____

Contact Person: _____ Phone: _____

Load Description: _____

CHECK ALL
THAT APPLY



Conventional with Sheetrock
Concrete Slab with Frame and Sheetrock

Conventional with Plaster
Brick Exterior

Estimated Weight: _____ (based upon the Department's Standard Weight Chart)

Width: _____ Ft ____ Inches (Wall to Wall) _____ Ft ____ Inches (Eave to Eave)

Height: _____ Ft ____ Inches

Overall Length: _____ Ft _____ Inches (Truck, Trailer, and Load)

Truck Make: _____ Tag # _____ State _____ No. of Axles _____

Axle Spacing: 1 2 3 4 5 6 7 8

No. of Tires per Axle: 1 2 3 4 5 6 7 8

Tire Sizes: 1 2 3 4 5 6 7 8

Weight Per Axle*: 1 2 3 4 5 6 7 8

*Office of Enforcement will weigh axles upon request

Origin: _____

Destination: _____

Routing: _____

Mileage: 4 Lane _____ 2 Lane _____ Total _____

Beginning Date: _____ Ending Date _____

City Notification: ____ Yes ____ No ____ N/A Utility Co Notification: ____ Yes ____ No ____ N/A

(If you checked YES to any of the above, a copy of all such notifications or approvals must be attached to this form)

Remarks: _____

House Movers Signature

OFFICIAL USE ONLY:

Approved Permit Number: _____

Authorization Number: _____ Date: _____ Time: _____

Bridge Division: Accept _____ Deny _____ Contact Person _____

Maintenance Office: Accept _____ Deny _____ Contact Person _____

Construction Office: Accept _____ Deny _____ Contact Person _____

Special Instructions: _____

I hereby acknowledge MDOT's changes or additions to this request: _____

House Movers Signature