



LAND USE PERMIT
LUP-BMV
Building Movement – VDOT Recommendation
August 22, 2014

VDOT Recommendation
VDOT Land Use Permit Authorization for Building Movements

Type or Print Clearly

Applicant's Name: _____

Mailing Address: _____

Telephone No.: (___) ___ - _____ Fax No.: (___) ___ - _____

1. Maximum dimensions (Loaded): Height: _____ Width: _____
Length: _____ Weight: _____
2. Route(s) of Travel: _____

3. Date move authorized (Include day of week and time of day): _____
4. One-way traffic required?: Yes _____ No _____
5. Traffic delays?: Yes _____ No _____ If yes, approximate length of delay: _____
6. Traffic control requirements (Be specific): _____

7. Required surety on file (\$50,000 per request): Yes _____ No _____
8. Other requirement(s): _____

9. Permit issuance recommendation: Yes _____ No _____ If no, state reason(s): _____

Name of VDOT Investigator

Title

Signature of VDOT Investigator

Date