



Municipality of Northern Bruce Peninsula  
56 Lindsay Road 5, R.R. # 2 Lion's Head, Ontario N0H 1W0  
Phone: (519) 793-3522 • Fax: (519) 793-3823 •  
Web: www.northbrucepeninsula.ca

## MOVING PERMIT

APPLICATION FEE: \$500.00 – Security deposit is to be presented with agreement. Two Hundred and Fifty Dollars (\$250.00) of the said fee may be refunded after the Public Works Manager or designate has carried out an on site inspection and approval has been granted for the refund. All other applicable permits and/or approvals must be obtained by the applicant.

APPLICATION IS HEREBY MADE TO: (CHECK ONE OF THE FOLLOWING)

- Transfer an existing home, cottage, garage, to another location
- Other: \_\_\_\_\_

**MAP OF ROUTE MUST BE INCLUDED WITH APPLICATION.**

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**DESCRIPTION AND LOCATION OF PROPERTY A (property that object is moving **from**):**

STREET ADDRESS: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

ROLL NO.: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ - 0000 LOT NO: \_\_\_\_\_ CONCESSION OR PLAN NO: \_\_\_\_\_

**DESCRIPTION AND LOCATION OF PROPERTY B (property that object is moving **to**):**

STREET ADDRESS: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

ROLL NO.: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ - 0000 LOT NO: \_\_\_\_\_ CONCESSION OR PLAN NO: \_\_\_\_\_

BUILDING PERMIT NUMBER: \_\_\_\_\_

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IT IS UNDERSTOOD THAT ALL WORKS WILL BE CONSTRUCTED, ALTERED, MAINTAINED OR OPERATED AT THE OWNER'S EXPENSE AND THAT NO WORK SHALL COMMENCE UNTIL A PERMIT HAS BEEN ISSUED. THE ISSUANCE OF THIS PERMIT DOES NOT RELIEVE THE HOLDER OF THE RESPONSIBILITY TO COMPLY WITH MUNICIPAL BY-LAWS.

IN CONSIDERATION OF THIS APPLICATION, I/WE HEREBY AGREE TO OBSERVE AND COMPLY WITH REGULATIONS SET FORTH IN THIS PERMIT AND SAVE HARMLESS THE MUNICIPALITY FROM ALL COSTS, CHARGES, DAMAGES AND CLAIMS WHATSOEVER WHICH MAY ARISE FROM THE ISSUANCE OF THIS PERMIT.

DATED AT: \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (RES) \_\_\_\_\_ (BUS) \_\_\_\_\_

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### **FOR OFFICE USE ONLY**

DATE: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PUBLIC WORKS MANAGER OR DESIGNATE: \_\_\_\_\_

DEPOSIT CHEQUE RETURNED:  Yes DATE: \_\_\_\_\_  
 No REASON: \_\_\_\_\_