



LAND USE PERMIT

LUP-BMI

Building Movement - Investigator's Report

August 22, 2014

**VDOT Investigator's Report**

**VDOT Land Use Permit Authorization for Building Movements**

Type or Print Clearly

Applicant's Name: \_\_\_\_\_

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

Telephone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax No.: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

1. Type of building proposed to be moved (house, shed, garage, etc.): \_\_\_\_\_

Number of units: \_\_\_\_\_

2. Actual size of building: Width \_\_\_\_\_ Height \_\_\_\_\_ Length \_\_\_\_\_

3. Approximate weight: \_\_\_\_\_

4. Type of building (brick, stone, frame, etc.): \_\_\_\_\_

5. Can building be reduced to smaller dimensions?: Yes \_\_\_\_\_ No \_\_\_\_\_

6. Location of building (give specific location): Route No. \_\_\_\_\_ County \_\_\_\_\_

Project Name: \_\_\_\_\_ Parcel No.: \_\_\_\_\_ Building No.: \_\_\_\_\_

7. Destination (provide specific location): \_\_\_\_\_

8. Proposed route(s) of travel: \_\_\_\_\_

9. Total number of lanes: \_\_\_\_\_ Divided highway? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Shoulder type: \_\_\_\_\_ Shoulder width: \_\_\_\_\_

11. Total distance of proposed move: \_\_\_\_\_

12. Traffic information: 24 hour volume: \_\_\_\_\_ Off peak day: \_\_\_\_\_ Off peak hours: \_\_\_\_\_

13. Overhead obstructions (wires, trees, structures, signals, signs, etc): \_\_\_\_\_  
\_\_\_\_\_

14. Maximum clearance height: \_\_\_\_\_ (feet)

15. Trimming of trees required: Yes \_\_\_\_\_ No \_\_\_\_\_

16. Environmental approval required: Yes \_\_\_\_\_ No \_\_\_\_\_

17. Bridges & Overpasses: Capacity \_\_\_\_\_ Horizontal Clearance \_\_\_\_\_  
Vertical Clearance \_\_\_\_\_ Length \_\_\_\_\_

18. Traffic control requirements (pilot cars, number of flagmen, signage, etc.): \_\_\_\_\_  
\_\_\_\_\_

19. Flagmen certified by VDOT? Yes \_\_\_\_\_ No \_\_\_\_\_

20. Intersecting route(s) (list number of routes and route numbers): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Temporary work (list items and estimate of cost for restoration, grading, pipes, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

22. Notification of Law Enforcement Agency: (Traffic Control Assistance Required)

a. Name of Law Enforcement Agency providing assistance: \_\_\_\_\_

b. Contact Name and Title: \_\_\_\_\_

c. Recommendation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Name & Address of Mover: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Mover Qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_