



Moving Permit

Application Instructions - Please fill this form out completely and submit all required information.

PROPERTY INFORMATION

PERMIT NUMBER: _____

Property Address: _____

OWNER INFORMATION

Owner Name: _____ Phone Number: _____

Address: _____ City/State: _____

MOVER INFORMATION

Company Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

PERMIT INFORMATION

Route of Structure to be Moved: _____

The contractor will be responsible for contacting the Risk Reduction office for inspection of structure and site, along with all other parties, prior to moving structure from site. The contractor is also responsible for terminating all utilities as required by utility companies and the Risk Reduction office. Complete terminations no more than 3 days after structure is moved.

Height: _____ Width: _____ Length: _____ AFTER STRUCTURE IS LOADED

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Owner, Contractor

Date

OFFICE USE ONLY: Cash Credit Card Check Check # _____ Total Due: \$ _____