

APPLICATION FOR HOUSE MOVING PERMIT

Name of Owner: _____ Date _____

Present Address: _____ Lot _____ Sq. _____ Sub _____

New Address: _____ Lot _____ Sq. _____ Sub _____

Route: _____

Property to be moved or altered on Route: _____

Property Use at New Address: _____ Zoning District: _____

Type of Building to be Moved: _____ Number of Rooms: _____

Condition of Building: Exterior _____ Interior: _____

Name of Contractor: _____

CONTRACTOR'S BUILDING MEASUREMENTS OVERALL

Write all measurements in feet.

Length: _____

Width: _____

Height Loaded: _____

INSPECTOR'S MEASUREMENTS

Main Building	Accessory Use Front	Rear	Eaves

APPROVAL MUST BE OBTAINED FROM THE FOLLOWING PRIOR TO ISSUING THE PERMIT:

Route Approved

Route Approved

Provision for Escort Approved

Electric Service and Meter Removed

CHIEF OF POLICE

ENERGY

Route Approved

Route Approved

FIRE CHIEF

BUILDING OFFICIAL

Gas and Water Meter Removed

Route Approved/Service Removed

UTILITIES MANAGER

REV

Sewer Capped

SEWER INSPECTOR

Proposed Moving and Completion Date: _____ Hours: _____

INSPECTION BEFORE STRUCTURE IS MOVED

INSPECTION AFTER STRUCTURE IS MOVED

SIDEWALKS, DRIVEWAYS & STREETS AT OLD LOCATION

SIDEWALKS, DRIVEWAYS & STREETS AT OLD LOCATION

SIDEWALKS, DRIVEWAYS & STREETS AT NEW LOCATION

SIDEWALKS, DRIVEWAYS & STREETS AT NEW LOCATION

PHYSICAL CHECK OF ROUTE

PHYSICAL CHECK OF ROUTE

Permit Number: _____ Final Approval for Issuance of Certificate of Occupancy

Fee: _____

BUILDING OFFICIAL

