



# Application to Move a Building Within City Limits

MUST be completed 14 days before the move

Building Site Address _____		Today's Date _____
Owner's Name _____		Phone _____
Moving Company Name _____		Phone _____
Moving Company Address, City, State, ZIP _____		
Structural Contractor License Number _____		
Comp. Insurance Carrier _____	Policy Number _____	Phone _____
Date and Time of Move _____	Loaded Move Ready Dimensions (Approx. H, W, L) _____	
Destination Address _____	Time Required to Move Building through City _____	

For Office Use Only

Fee: \_\_\_\_\_

  

Final Approval: \_\_\_\_\_

Date: \_\_\_\_\_

**Moving Route Description (Name all streets, avenues, & highways. Attach map with route noted):**

---



---



---

**Did you notify the following small utilities?**

	No	Yes		
Gas/Electric	<input type="checkbox"/>	<input type="checkbox"/>	if so, Name _____	Phone _____
Cable/Internet	<input type="checkbox"/>	<input type="checkbox"/>	if so, Name _____	Phone _____
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	if so, Name _____	Phone _____

**Signatures are REQUIRED from the following:**

Engineering: _____	Date: _____
Police Chief: _____	Date: _____
Utilities Director: _____	Date: _____
Streets Supervisor: _____	Date: _____
Water Supervisor: _____	Date: _____
Water Reclamation Supervisor: _____	Date: _____