



Application for Moving Permit

Proposed Location: _____

Present Location: _____

Type of Structure: _____

Approximate Weight: _____ Method of Moving: _____

Width: _____ Length: _____ Height Loaded: _____

Moving Date: _____ Start Time: _____ Hours on Streets: _____

Route Proposed: _____

	Moving Contractor	Owner
Name:		
Address:		
Phone:		
Contractor's License Number		

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY	
APPROVALS:	
City Engineer	Date _____
Police Chief	Date _____
Fire Chief	Date _____
Chief Inspector	Date _____
COMMENTS:	