

# MOVING PERMIT APPLICATION

MUNICIPALITY: \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
NUMERICAL CODE \_\_\_\_\_ FEE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_

## MOVING ONLY

To the Building Official:

The undersigned hereby applies for a permit to move a building and hereby agrees to make said building conform to the requirements of law for a new building in the new location, and further agrees to conform to all the requirements and restrictions imposed by law relative to the moving of buildings, and to post a certificate of liability insurance and a 100% performance bond, when required.

To be moved from \_\_\_\_\_ and placed on \_\_\_\_\_

To be move by \_\_\_\_\_ date of proposed moving \_\_\_\_\_

Dimension of structure: Lenght \_\_\_\_\_ Width \_\_\_\_\_ Heigh \_\_\_\_\_ Stories \_\_\_\_\_

Plat/Map # \_\_\_\_\_ Lot/Block # \_\_\_\_\_ File/Parcel # \_\_\_\_\_ Area \_\_\_\_\_

Said structure to be used for \_\_\_\_\_

Estimated Cost \_\_\_\_\_  
*Signature of owner or authorized agent*

Bond\Insurance Posted \_\_\_\_\_  
*date Address Tel. no.*

## DEMOLITION ONLY

To The Building Official:

The undersigned hereby applies for a permit to demolish a building and agrees to observe and conform to all the conditions, limitations and requirements of the State Building Code and to post a 100% performance bond and a certificate of insurance, when required.

Location \_\_\_\_\_ Type of construction \_\_\_\_\_

Former building use \_\_\_\_\_ stories \_\_\_\_\_

Plat/Map # \_\_\_\_\_ Lot/Block # \_\_\_\_\_ File/Parcel # \_\_\_\_\_ Area \_\_\_\_\_

Building Wrecker \_\_\_\_\_ Estimated Cost \_\_\_\_\_

Insurance Bond Posted \_\_\_\_\_  
*date Signature of owner or authorized agent*

Written notification by registered mail must be made 10 days prior to demolition to all utilities and 48 hours notification to DIG SAFE in accordance with the State Law Title 39 Chapter 39.  
Call 1-800-225-4977

I hereby (approve) or disapprove this application as set forth

*Building Official*

Reason for disapproval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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