

MOVING OR DEMOLITION 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 _____ and to be moved over the following route

_____ and,
to be moved by _____ date of proposed moving _____

Dimensions of structure: Length _____ Width _____ Height _____ Stories _____

Plat/Map # _____ Lot/Block # _____ File/Parcel # _____ Area _____

Said structure to be used for _____

Estimated Cost \$ _____

Bond/
Insurance Posted _____
Signature of owner or authorized agent

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 _____
Signature of owner or authorized agent

Date

Address

Tel. No.

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: _____

PLEASE ANSWER ALL QUESTIONS ON REVERSE SIDE OF WHITE COPY

OFFICE FILE (LOCATION)

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