

# APPLICATION FOR PERMIT TO MOVE A BUILDING

JEFFERSON COUNTY  
INSPECTION SERVICES

PERMIT NO. \_\_\_\_\_

1. PRESENT LOCATION \_\_\_\_\_
2. LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SURVEY \_\_\_\_\_
3. NEW LOCATION \_\_\_\_\_  
(IF IN COUNTY)
4. LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SURVEY \_\_\_\_\_
5. TYPE BUILDING \_\_\_\_\_ NO. STORIES \_\_\_\_\_ TO BE USED AS \_\_\_\_\_  
BLDG: \_\_\_\_\_ WIDTH: \_\_\_\_\_ BLDG. \_\_\_\_\_ LOADED \_\_\_\_\_
6. SIZE:WIDTH \_\_\_\_\_ INCLUDING EAVES \_\_\_\_\_ LENGTH \_\_\_\_\_ HEIGHT \_\_\_\_\_
7. WILL THIS MOVE NECESSITATE CHANGING OR MOVING UTILITY POLES, SIGNS, TRAFFIC SIGNALS, MAIL BOXES, ETC.  NO  YES
8. DESCRIBED BRIEFLY \_\_\_\_\_
9. ACCURATELY DESCRIBE ANY ALTERATIONS OR MODIFICATIONS TO BE MADE TO THE BUILDING BEFORE MOVING \_\_\_\_\_
10. ORIGINAL COST OF BUILDING \$ \_\_\_\_\_ PRESENT VALUATION \$ \_\_\_\_\_
11. PLUMBING PERMIT FOR CAPPING OF SEWER: PERMIT NO. \_\_\_\_\_
12. HAVE ALL UTILITY SERVICES BEEN DISCONNECTED BY THE RESPECTIVE UTILITY COMPANIES?  YES,  NO, IF NO, WILL
13. FULLY DESCRIBED MOVING ROUTE WITHIN LIMITS OF JEFFERSON COUNTY \_\_\_\_\_

14. TIME PERMITTED ON EACH STREET, ROAD AND ALLEY \_\_\_\_\_

15. NAME OF CORPORATE SURETY \_\_\_\_\_ BOND NO. \_\_\_\_\_  
FURNISHING HOUSEMOVING BOND \_\_\_\_\_  
DATE OF BOND \_\_\_\_\_ DATE OF BOND RENEWAL \_\_\_\_\_ DATE BOND EXPIRES \_\_\_\_\_
16. NAME OF INSURANCE COMPANY \_\_\_\_\_ POLICY NO. \_\_\_\_\_  
WRITING INSURANCE POLICY \_\_\_\_\_
17. PROPERTY DAMAGE \$ \_\_\_\_\_ PERSONAL INJURY OR DEATH OF ONE PERSON \$ \_\_\_\_\_ TOTAL LIABILITY COVERAGE RESULTING FROM ONE ACCIDENT \$ \_\_\_\_\_
18. EFFECTIVE DATE OF INSURANCE COVERAGE \_\_\_\_\_ EXPIRATION DATE OF INSURANCE COVERAGE \_\_\_\_\_
- 19.

OWNER	NAME _____	NAME OF PERSON/FIRM MAKING APPLICATION	NAME _____
	ADDRESS _____		ADDRESS _____
	PHONE _____		PHONE _____

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION AND ALL ACCOMPANYING DATA IS TRUE AND CORRECT AND I AGREE TO COMPLY WITH ALL COUNTRY ORDINANCES AND STATE LAWS REGULATING THE MOVING OF BUILDINGS.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
OWNER OR AUTHORIZED AGENT

DO NOT WRITE BELOW THIS LINE

DATE OF INSPECTION \_\_\_\_\_ TYPE CONSTRUCTION \_\_\_\_\_ DATE MOVED \_\_\_\_\_  
APPROVED \_\_\_\_\_ CENSUS TRACT NO. \_\_\_\_\_ ON STREET \_\_\_\_\_  
BUILDING PERMIT NO. \_\_\_\_\_ HOUSE NUMBER \_\_\_\_\_ ON LOT \_\_\_\_\_  
DEPUTY ESCORT REQUIRED  YES  NO MOVING TIME \_\_\_\_\_ LOT CLEARED \_\_\_\_\_