

Moving Permit

Building & Zoning

307 East Monroe St
Mount Pleasant, IA 52641
319-385-1474
Jack Swarm, Building and Zoning Administrator



PERMIT NO: _____

DATE: _____

JOB ADDRESS: _____

PROPERTY OWNER: _____

LEGAL DESCRIPTION: _____

ZONE: _____ ESTIMATED COST: _____ FEE: _____

CONTRACTOR:

NAME: _____

ADDRESS: _____

PHONE: _____

USE OF BUILDING (CURRENT AND PROPOSED):

MOVING BUILDING FROM: _____

MOVING BUILDING TO: _____

PROPOSED ROUTE: _____

DATES BUILDING WILL BE ON STREET, ALLEY, SIDEWALK OR PUBLIC PROPERTY: _____

DATES OF MOVING: _____

Additional information may be required as determined by the Building and Zoning Administrator.

I certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature, Applicant

Date

NOTIFICATION VERIFICATION:

CHIEF OF POLICE: _____

FIRE CHIEF: _____

UTILITIES: _____

APPROVED BY:

Jack Swarm, Building and Zoning Administrator

Date