CITY OF ESCANABA

BUILDING MOVING PERMIT APPLICATION

Moving Permit No.: _____

Name of Mover: _____

Address of Mover: _____

Name of Owner: _____

Address of Owner: _____

Dimensions of Building to be moved: _____ _____ _____ _____

Width Length Height Mounted

Present Location: _____

New Location: _____

Route of Travel:

Date Building to be moved: _____

This building has been used for: ☐ Residential ☐ Commercial ☐ Industrial ☐ Other

This building will be used for: ☐ Residential ☐ Commercial ☐ Industrial ☐ Other

If "Other" for either of the two previous questions, please explain:

You are hereby held responsible for any damage to persons or property caused by the moving of said building.

Signed: _____ _____

Applicant Date

Department Head Approvals	Date	Cost Estimate
Engineering Department		
Electric Department		
Public Safety Department		
Building / Zoning Department		