

Fee: \$30.00
Must accompany application

Permit # _____
Permit Date _____

CITY OF ESCANABA BUILDING/EQUIPMENT MOVING PERMIT APPLICATION

Updated 10/17/17

MOVER INFORMATION

Name of Mover _____ Contact Person _____
Address of Mover _____ City, State, ZIP _____
Phone _____ Email _____

OWNER INFORMATION

Name of Owner _____
Address of Mover _____ City, State, ZIP _____
Phone _____ Email _____

BUILDING/EQUIPMENT INFORMATION

Type of Item to be moved _____ Moving Date _____

Dimensions of Item
_____ Width _____ Length _____ Height _____ Mounted _____

Present Location _____ New Location _____

Route of Travel *(Please list specific roads, directionals, etc. Including a map may also be helpful.)*

Will traffic control be needed? No Yes - Explain _____

This item has been used for: Residential Commercial Industrial Other

This item 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/equipment.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY			
	Department Head Approvals	Date	Cost Estimate
Engineering Dept.			
Electric Dept.			
Public Safety Dept.			
Zoning Dept.			