

Fee: \$30.00
Must accompany application

Email: permits@escanaba.org
Mail: Community Development Dept., PO Box 948, Escanaba, MI 49829
In Person: 410 Ludington Street, 2nd Floor

Permit # _____
Permit Date _____

CITY OF ESCANABA
BUILDING/EQUIPMENT MOVING PERMIT APPLICATION

Updated 03/28/19

*****Please allow three (3) business days for permit processing*****

MOVER INFORMATION

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

OWNER INFORMATION

Name of Owner _____
Address of Owner _____ 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 Approval	Date	Comments
Engineering Dept.			
Electric Dept.			
Public Safety Dept.			
Zoning Dept.			