MOVING PERMIT AND APPLICATION CITY OF IOWA CITY

Moving Permit No.	
Moving Permit Fee	
Application Date	
Date Issued	

Building Address	F	Existing Use	
Owner			
Phone Number		mail address	zip
Mover			
Phone Number		mail address	zip
Address of Relocated Structure			
PRINCIPAL TYPE OF FRAME Masonry Structural Steel Wood Reinforced Concrete Other:	Loaded Loaded Loaded	DIMENSIONS Height Eave Height Width (Including Overhang) Length (Including Overhang) Weight & No. of Axles	inches feet inches feet inches
Proposed Moving Date:	From:	AM/PM To:	AM/PM
Proposed Routing			
NOTICE: This application, along weight (48) hours in advant to be true and correct. All provisions of laws and ordinances go	nce of the m		_
of work will be compiled with whether specified herein or not. permit does not presume to give authority to violate or cancel the other state or local law regulating construction of the performation. X SIGNATURE OF APPLICANT (DATE)	provisions of any	SIGNATURE OF BU	
OTHER UTILITIES Telephone Co.			
Gas & Electric			
Cable Television			
Other			

STATEMENT OF EXPENSE INSURED AS A RESULT OF MOVING

Building Address							Existing U	se	
Owner								<u> </u>	
Mover						mail address		zip	
Address of F	Relocated Str	ucture					address	zip	
Div. Head Expenses Initial		Estimated Expenses		Amount Deposited	Expenditures		Ai Due	Amount Returned	
Traffic Eng.		\$	X2 =	<u>\$</u> -	\$	=	\$	_ \$	
Police		\$	X2 =	<u>\$</u> -	\$	=	\$	\$	
Fire		\$	X2 =	<u>\$</u> -	\$	=	\$	_ \$	
Forester		\$	X2 =	<u>\$</u> -	\$	=	\$	\$	
Other		\$	X2 =	<u>\$</u> -	\$	=	\$	\$	
Conditions			-	wa City and ac	countants	may clos	se the escro	w.	
					(S) Buildin	g Officia	I		
	(S) Comptr	oller			Amo	unt returr	ned		