



**House Moving Permit:** \* Licensed Contractor  
Required to Get Permit

Route plans approved by the Sheriff's Department  
required "copy attached" Yes / No

Route plans approved by the Civil Defense  
Department required "copy attached" Yes / No

**Project Information:**

Lot Value: \_\_\_\_\_

Stories: \_\_\_\_\_

Corner Lot: Yes / No

Lot Size: \_\_\_\_\_

Max Height: \_\_\_\_\_

# Meters: \_\_\_\_\_

Size of water meter: \_\_\_\_\_

Roof Type: \_\_\_\_\_

Foundation: \_\_\_\_\_

Culvert Permit Required: Yes / No

Plot plan attached: Yes / No

Interior wall type: \_\_\_\_\_

Exterior wall type: \_\_\_\_\_

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO WORK AND INSTALLATIONS AS INDICATED. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT ALL WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGULATING CONSTRUCTION IN THIS JURISDICTION. I UNDERSTAND THAT A SEPARATE PERMIT MUST BE ACQUIRED FOR ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS FURNACES, BOILERS, HEATERS, TANKS ROOFING AND AIR CONDITIONING, ETC.

**I FURTHER ACKNOWLEDGE THE FOLLOWING: • A PERMIT IS INVALID AFTER A PERIOD OF 6 MONTHS OF INACTIVITY. • ISSUANCE OF A PERMIT IS NOT AUTHORIZATION TO VIOLATE PUBLIC OR PRIVATE RESTRICTIONS. • FAILURE TO COMPLY WITH APPLICABLE CONSTRUCTION REGULATIONS MAY RESULT IN THE WITHHOLDING OF FUTURE PERMITS.**

APPLICANT: I CERTIFY, TOGETHER WITH PLANS AND SPECIFICATIONS, THIS APPLICATION SHOWS A TRUE REPRESENTATION OF CONSTRUCTION TO BE ACCOMPLISHED UNDER THIS PERMIT, AND THAT NO WORK HAS COMMENCED PRIOR TO THE ISSUANCE OF THIS PERMIT. IT IS UNDERSTOOD THAT ANY FALSE INFORMATION OR DEVIATION FROM THE ORIGINAL DOCUMENTS WILL RENDER THE PERMIT ISSUED UNDER THIS APPLICATION NULL AND VOID, UNLESS APPROVED BY THE BUILDING OFFICIAL. THE PERMIT ISSUED UNDER THIS APPLICATION IS INVALID AFTER 6 MONTHS OF INACTIVITY, FEES ARE NON-REFUNDABLE. I AGREE TO COMPLY WITH ALL BUILDING AND ZONING REGULATIONS AND ORDINANCES.

Signature \_\_\_\_\_ Date \_\_\_\_\_