

Application for Moving Building

Name: _____

Mailing Address: _____

Phone #: _____

Location/address of building to be moved:

Location/address of site where building will be moved:

Route to be taken:

Moving Company name: _____

Address: _____

Phone: _____

Insurance Company name/address:

Liability/property damage limits:

Date: _____

Signature of applicant

Signature of mover

Date of meeting: _____

Decision of Board: _____
