



**CITY OF CARBONDALE
APPLICATION FOR HOUSE MOVING PERMIT**

Date: _____ Permit Number: _____
Name of Applicant: _____
Address: _____ City, State: _____
Phone Number: _____ Fax Number: _____

TYPE OF STRUCTURE TO BE MOVED:

Single Family	_____	Commercial:	_____
Two Family	_____	Office:	_____
Multi-Family	_____	Warehouse:	_____
Number of Units	_____	Accessory:	_____

BUILDING

Type of Construction: _____
Stories: _____ Width: _____ Depth: _____
Total Building Area: _____
Number of Bedrooms: _____ Sizes: _____
Present Address of Structure to be Removed: _____
Name of Owner: _____
Address: _____ City, State: _____
Phone Number: _____

NEW LOCATION OF STRUCTURE TO BE MOVED

Address: _____ Zoning District: _____

Basement: ___ Yes ___ No

Attached Garage: ___ Yes ___ No Size: _____

Detached Garage: ___ Yes ___ No Size: _____

Carport: ___ Yes ___ No Size: _____

Type of Foundation: _____

Intended Use of Structure: _____

Route Plan: _____

Zoning Certificate Required: ___ Yes ___ No Number _____ Date: _____

Building Permit Required: ___ Yes ___ No Number _____ Date: _____

Electrical Permit Required: ___ Yes ___ No Number _____ Date: _____

Right-of-Way Permit Required: ___ Yes ___ No Number _____ Date: _____

Type of Driveway Surface Required: _____

House Moving Permit Fee of \$100.00 Paid? ___ Yes ___ No