



APPLICATION FOR MOVING PERMIT

1. New address of building: _____
2. Old address of building: _____
3. Legal description of new address: _____

4. Legal description of old address: _____

5. Owner of building: _____
6. Moving Contractor: _____
(Name) (Address) (City, State, Zip) (Phone)
7. Building Dimensions: Width: _____ Length: _____ Height: _____
8. Total Area of building (SF): _____
9. Will there be any remaining structures at the old address: Yes: _____ No: _____
10. Remaining structure description: _____
11. Remaining structure dimensions: width: _____ Length: _____ Height: _____
12. Describe Route to be taken and equipment needs (attached additional pages or drawings as needed): _____

13. Date of Move/Time _____
14. Zoning at New location (if moving within City Limits) _____
15. Use at new location (if moving within City Limits): _____
16. Public facilities (electric, water, sewer) available at new location (if moving within City Limits): _____
17. Are connections needed: Yes _____ No _____

I hereby state that the information submitted on this application is accurate and correct and that this application has been made for the purpose of obtaining a permit to move a building from the above described property to another location. It is understood that granting this permit shall be subject to all other applicable regulations to move a building. I recognize that the issuance of this moving permit shall not grant approval to violate any of the provision of the building code or zoning ordinances enforced by this jurisdiction, county, state, federal law. A certificate by the Furnas County Treasurer stating all taxes are paid is required. A plan to level and clear the old property for easy maintenance will need to be submitted with this application. A deposit will need to be made in advance for any expenses of the City of Cambridge to assist with moving the building. A refund of any over payment will be refunded after the move is complete. This permit is valid for 60 days from the date of approval by the Cambridge Planning Commission and Cambridge City Council.

Applicant Name (Print clearly): _____

Signature: _____ Date: _____ Phone: _____

OFFICE USE ONLY

Deposit \$: _____

Certificate of County Treasurer _____

Leveling and clearing of property plan _____

Planning Commission Date of Approval _____

City Council Date of Approval _____

Application Approved By: _____