



CITY OF MASON CITY
BUILDING INSPECTIONS DIVISION
 10 1st Street NW, Mason City, IA 50401
 (641) 421-3620
 www.masoncity.net

APPLICATION FOR MOVING PERMIT

SECTION ONE: MOVING DETAILS

Type of structure: (select one): Dwelling Garage Other Describe: _____

Present Location of Structure: _____

Proposed Location of Structure: _____

Date and Time of Removal: _____

	Width (Ft)	Length (Ft)	Height (Ft)	Loaded Height (Ft) (Required):
Building Dimensions:				
Proposed Moving Equipment:				
Proposed Route of Removal:				

SECTION TWO: OWNER INFORMATION

Property Address _____

Legal Description Lot: _____ Block: _____ Addition: _____

Owner Name (print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email _____

SECTION THREE: CONTRACTOR INFORMATION

Name of Mover(print) _____ City, State, ZIP _____

No. and Street _____ Contact Telephone _____ Email _____

IF STRUCTURE IS MOVED TO A LOCATION WITHIN THE CITY LIMITS OF MASON CITY, A BUILDING PERMIT MUST BE ISSUED PRIOR TO OR IN CONJUNCTION WITH THE MOVING PERMIT Building Permit Number: _____ Site Plan Received? _____

Project Valuation: \$ _____ Permit Fees : \$ _____

SECTION FIVE: REQUIRED SIGNATURES

I, the applicant, being duly sworn, depose and say that I am the owner; or that I am authorized and empowered to make affidavit for the owner, for this application and that the plat, and specifications are true and contain a correct description of the proposed building, work, and location to which building is to be placed; subject to all government regulations.

Interdepartmental Approval:
 The undersigned is aware of the above proposed project and hereby acknowledges the drawings. Specifications or other documents as being adequate for this phase of the project.

City Engineer:	MC Fire Dept:
Telephone Co:	MC Police Dept:
Union Pacific RR:	MC Police Dept:
IA Traction RR:	MC Street Dept:
IC&E RR:	D.O.T.
Alliant Energy:	Cable Co:

Signature of Applicant/Owner _____ Date _____