



Moving Permit

Application No. _____ Date Received _____

Owner Name _____

Address _____

City _____ ST. _____ Zip _____

Phone Number _____

Address of structure to be moved _____

Building size _____ No. of Floors _____ Age in Years _____

Present Use _____

Intended Use _____

Does the House have asbestos Yes No If Yes, you may contact Industrial Hygiene Resources 208-323-8287

Cross Streets _____

Transportation Plan (streets or alleys being crossed) _____

Company Moving the Structure _____

Phone Number _____

For Emergency Reasons

Date and Hour of emergency removal _____

Description of Sudden, Unexpected Event: _____

Explanation how the event caused unsafe conditions, or would cause equipment damage or undesirable financial burden_____

Comments_____

Please attach a map on the travel route for the move.

I certify the above information is correct.

(signature of Owner/ Operator/Contractor)

Inspection Fees \$45.00 per inspection \$_____ Check No._____

City Building Official_____ Date_____

Fire Marshal _____ Date_____

P&Z Administrator_____ Date_____

Conditions or Comments_____
