CITY OF AUSTIN, MINNESOTA **Application for Structure Moving Permit**

	ach structure requires a separate application. Are there additional applications for other ructures being removed from this site?									
· ·	YES NO If so, list application number(s) and attach. * * If structure is over 14' in width it must be moved by a licensed mover. * * * *									
**** If structu										
Name of Applicant										
Company or Indivi	dual Performing	g Move								
Address of Applica	nnt									
Telephone Number	Mobile Num	Mobile Number								
This form must ten (10) busine	-									
1. Scheduled date a	and time of move	e:	at Date Time							
2. Building to be m	noved ($$ only on	ie):House	eGarage	Other	(Describe)					
3. Present location:										
4. Destination loca	tion:									
5. Route:										
6. Dimensions:										
			Le	ngth of str	ucture					
	weight of sti	Weight of structure Number of axl		kies						
7. Contact Nels Ra grading plan	smussen at 437-	9955with Cit	ty Engineering	Departme	nt regarding final					
Applicant Signature				Date						
Applicant is re Other Utilities, C	sponsible to sch	nedule date a		ve with A						
	OFFICE Per	rmit No		Issu	ed Date					
	USE State license on file or provided.									
	ONLY	∐ Proof o	of paid real esta	ite taxes pi	ovided.					

City of Austin 500 Fourth Avenue N.E. Austin, Minnesota 55912-3773



Building Department 507-437-9950 Fax 507-437-7101

Date:										
From:	Building Department									
Re:	On the reverse side of this form is an application to move a structure within the City of Austin. As per City Council policy, you are required to estimate costs associated with the application and return this form to the City Building Department within 72 hours.									
☐ Par	ck and Recreation Comments / Explanation of Costs / Ca	nuse for Denial:								
Estima	ted Cost of Departmental Services \$		Approved	or	Denied					
***** Pol	**************************************		******	****	******					
Estima	ted Cost of Departmental Services \$		Approved	or	Denied					
	**************************************		******	****	******					
Estima	ted Cost of Departmental Services \$		Approved	or	Denied					
_	**************************************		******	****	******					
Estima	ted Cost of Departmental Services \$		Approved	or	Denied					
		Signature								