



Application Received: _____
Fee Received: _____
Staff Initials: _____

APPLICATION FOR HOUSE MOVING HEARING

APPLICANT INFORMATION

Name(s): _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

PROPERTY OWNER INFORMATION (if different from above)

Name(s): _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

PROPERTY INFORMATION

Reason for Request: _____

Current Property Address: _____ Parcel Number: _____

Proposed Property Address: _____ Parcel Number: _____

Applicant Signature(s) _____ Print Name _____ Date _____

Property Owner Signature(s) _____ Print Name _____ Date _____

Property Owner Signature(s) _____ Print Name _____ Date _____

SUBMIT APPLICATION AND SUBMISSION REQUIREMENTS TO:

Planning Department, 500 Center Avenue, Fourth Floor, PO Box 779, Moorhead, MN 56561-0779.

APPLICATION DEADLINE: A completed application with all submission requirements **must be received by 12:00 noon on the Tuesday two weeks prior to the scheduled Planning Commission meeting.**

APPLICATION SUBMISSION REQUIREMENTS:

The following must accompany this application:

_____ Proof of Title to the property or written authorization from owner(s) if applicant is not the owner.

_____ \$150.00 Application Fee payable to the City of Moorhead.

_____ Site Plan (to scale; indicate setback and lot coverage).

_____ Route (attach a sheet outlining the proposed house moving route)

CRITERIA FOR CONSIDERATION: Section 9-3-2 of the Moorhead City Code describes procedures and rules for moving structures within the city, available online at <http://www.cityofmoorhead.org> .

Questions? Contact the City of Moorhead Building Codes Office at 218.299.5424 or the Moorhead Planning Office at 218.299.5332.

**CITY OF MOORHEAD
Checklist for Moving Contractors**

COMPLETED BY APPLICANT

Mover: _____ LIC# _____

Current Location of Building: _____

Destination: _____

Type of Building: _____

Size of Building: _____

Height of Building (when loaded): _____

Proposed Date of Move: _____

Route (describe in detail): _____

This checklist must be signed and dated by the following departments before a permit will be issued for moving any building.

COMPLETED BY CITY

	Date	Signed
Operations	_____	_____
Police	_____	_____
Public Service	_____	_____
Fire	_____	_____

Bond Received \$ _____ Sent to Clerk: _____ / _____ / _____

Building Permit Received: _____ / _____ / _____