

CITY OF MASON CITY

BUILDING INSPECTIONS DIVISION

10 1st Street NW, Mason City, IA 50401 (641) 421-3620 www.masoncity.net

MOVING PERMIT

	SECTION ONE: MOVING DET	AILS		
Type of structure: (select one): Dwelling	☐ Garage ☐ Other ☐	Describe:		
Present Location of Structure:				
Proposed Location of Structure:				
Date and Time of Move:				
Width (Ft)	Length (Ft)	Height (Ft)	Loaded Height (Ft)	
Building Dimensions:				
Proposed Moving Equipment: Describe proposed moving route (attach separate map)				
Si	ECTION TWO: OWNER INFORM	MATION		
Property Address				
Legal Description Lot:	Block:	Subdivisio	n:	
Owner Name (print) Owner Address		City, State,	City, State, ZIP	
Telephone	Email			
SECTI	ON THREE: CONTRACTOR INFO	ORMATION		
Name of Mover(print) Mover's Address		City, State, 2	City, State, ZIP	
Contact Telephone Email				
NOTE: All structure moving contractors must	be licensed in the City of Mason		y be required.	
IF STRUCTURE IS MOVED TO A LOCATION WITHIN CONJUNCTION WITH THE MOVING PERMIT Buildi				
Project Valuation: \$	Perm	nit Fees \$		
	ECTION FIVE: REQUIRED SIGNA			
I, the applicant, being duly sworn, depose and authorized and empowered to make affidavit for the plan and specifications are true and contain building, work, and location to which the building regulations.	say that I am the owner; or that the owner, for this application and a correct description of the prop	I am Inter-Agency App that below, the listed aware of the a hereby acknowled or other docume allow the move or	roval: By affixing of initials department or agency is bove proposed move and dest the plans, specifications ents as being adequate to n, under, or over the lands or olled by the listed agency.	
Signature of Owner	Date	City Engineer:	MC Fire Dept:	
		Telephone Co:	MC Police Dept:	
Signature of Applicant (if different)	 Date	Union Pacific RR: IA Traction RR:	MC Street Dept: Alliant Energy:	
Signature of Applicant (if unferent)	Date	DM&E RR:	Cable Co:	

D.O.T.