



## Moving Permit

Application No. \_\_\_\_\_ Date Received: \_\_\_\_\_

IW# \_\_\_\_\_

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Address of structure to be moved \_\_\_\_\_

Building size: \_\_\_\_\_ sq ft No. of Floors: \_\_\_\_\_ Age in Years: \_\_\_\_\_

Present Use: \_\_\_\_\_

Intended Use: \_\_\_\_\_

Does the House have asbestos? Yes No

• If you marked yes, contact Industrial Hygiene Resources 208-323-8287

Cross Streets \_\_\_\_\_

Transportation Plan (streets or alleys being crossed): \_\_\_\_\_

\_\_\_\_\_

Company Moving the Structure: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For Emergency Move:

Scheduled 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)

**Fees:**

Moving Permit Fee: \$1,000 deposit, with \$900 refundable after move is complete

No. of inspections \_\_\_\_\_ x \$45.00 (per inspection) \$ \_\_\_\_\_

City Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Marshal: \_\_\_\_\_ Date: \_\_\_\_\_

P&Z Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions or Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_