



Building Moving Permit Application

PLEASE COMPLETE EVERYTHING IN ORANGE

Permit # _____

Date Issued _____

Receipt # _____

Property Address _____

Date of Application _____

Lot Number _____

Subdivision _____

Zoning _____

Building Height _____

Building Square Feet _____

Owner's Name _____

Address _____

City, State & Zip _____

Daytime Phone _____

Cell Phone _____

Email _____

Contractor's Name _____

License # _____

Address _____

City, State & Zip _____

Phone # _____

Email _____

Location of building to be moved: _____

Location which building will be moved to: _____

Building dimensions: _____

Date and time of move: _____

Route of travel (see attached map and show the planned route, list streets below):

The approximate travel time moving the building: _____

A twenty-four-hour notice is required to be given to all property owners and tenants on the route. Have all property owners and residents on the route been notified of the date & time of the move? ___ Yes ___ No
Have all utility, law enforcement, fire department & hospital crew been notified? ___ Yes ___ No

I Hereby Acknowledge that I have read this application and state that all information listed is correct and agree to comply with all City ordinances and state laws.

Please Print _____

Applicant Signature _____

Owner

Contractor

(Void 120 days from date of issue)

OFFICIAL USE ONLY

Amount Due: \$ _____

Bond Attached: Yes _____ No _____

Insurance Certificate: Yes _____ No _____

Before Move- Route Checked by: _____ Date: _____

After Move- Route Checked by: _____ Date: _____

City of Chariton Building Department
115 South Main Street
Chariton, Iowa 50049
(641) 774-5991
codeofficer@chariton.org

Denied

Approved

Building Official

Date

Revised January 2024