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**MOVING PERMIT APPLICATION**

Planning &amp; Zoning Department – City of Escanaba

906-786-9402 – permits@escanaba.org – 410 Ludington St. Escanaba, MI 49829

**PROJECT INFORMATION**

Intended Moving Date

Item to be Moved

Is traffic control  
required? ☐ Yes  
☐ No

Item Dimensions (Width x Length x Height)

*In the field below, please list which roads the item will travel on, which directions it will move, and any other helpful information. A route map may be necessary to fully describe this information; if so, please attach.*

Route Description

**FEE, CONTACT INFORMATION, & AGREEMENT**Mover Name

Address, City, State, ZIP

Phone

Email

Owner (if not the mover) Name

Address, City, State, ZIP

Phone

Email

I acknowledge that the information in this application is true, and if found not to be true, any permit that may be issued may be void. I agree to comply with the conditions and regulations provided with any permit that may be issued and will also comply with all city ordinances. I understand that submission of this application IS NOT an authorization to begin work. Work may only commence after approval and issuance of the permit. I understand that I will be held responsible for any damage to persons or property caused by the moving of said building/equipment.

**Fee due upon application:****\$30.00**Mover Signature & DateOwner (if not the mover) Signature & Date**\*\*\*\*\* THIS SECTION FOR STAFF USE ONLY \*\*\*\*\***

Date Submitted

Is fee paid?

Receipt #

Permit #

☐ Yes ☐ No

Public Safety

☐ Approve  
☐ Deny

Initials

Public Works

☐ Approve  
☐ Deny

Initials

Electric

☐ Approve  
☐ Deny

Initials

*You may submit this form in person, by USPS, or by email. Please make checks payable to "City of Escanaba".**Credit cards may be accepted in-person or by phone; an additional processing fee applies.*