



Appl: # _____

\$ _____ (Invoice)

MOVING PERMIT APPLICATION

3400 Plymouth Boulevard
Plymouth, MN 55447
General Information (763)509-5430
Inspection Scheduling (763)509-5449
FAX (763) 509-5407

Present Location: (Address) _____		
City _____	State _____	Zip _____
- OR -		
Legal Description: Lot _____	Block _____	Subdivision Name _____ Property I.D. (PIN) No. _____
Proposed Location: (to be moved to) _____		
City _____	State _____	Zip _____
- OR -		
Legal Description: Lot _____	Block _____	Subdivision Name _____ Property I.D. (PIN) No. _____

TO BE SUBMITTED WITH APPLICATION

1. A copy of a current building mover's license from the State of Minnesota.
2. Photographs of proposed building to be moved.
3. 3 copies of a Certificate of Survey prepared by a Minnesota Registered Land Surveyor showing proposed location of the building on the lot to be moved to, together with all other information required by Section 400.13 of the Plymouth City Code.
4. Tax receipts showing that all real estate taxes due have been paid. Duplicate receipts may be obtained from Hennepin County.
5. A copy of all necessary State and County moving permits.
6. 2 sets of building plans showing how the proposed foundation will be constructed and fastening of the structure to the foundation (a separate building permit application shall accompany the application for a moving permit).
7. If the building to be moved is located within the City of Plymouth, separate foundation demolition and sewer/water disconnect permit applications shall accompany the moving permit application.
8. Evidence that any wells or septic systems have been properly abandoned for properties located within the City of Plymouth.

Type of Structure Being Moved:	<input type="checkbox"/> Dwelling	<input type="checkbox"/> Garage	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> Square Footage _____		
Type of Move:	<input type="checkbox"/> Out of City of Plymouth	<input type="checkbox"/> Into the City of Plymouth	
	<input type="checkbox"/> Within the City of Plymouth	<input type="checkbox"/> Through the City of Plymouth	

Applicant is: Contractor Other Owner

Name: _____ **Email:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone No.:** _____

Building Mover License # _____ **Telephone No.:** _____ (Bus., pager, mobile)

Describe Proposed Work: _____

Anticipated Moving Date(s): _____ Time: _____

MOVING PERMIT FEE SCHEDULE

\$150.00 PER BUILDING

I HEREBY APPLY FOR A MOVING PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE FOLLOWING: (1) THE CONDITIONS OF THE PERMIT, (2) THE APPROVED PLANS AND SPECIFICATIONS, (3) THE APPLICABLE CITY APPROVALS, ORDINANCES AND CODES AND (4) THE STATE BUILDING CODE.

I UNDERSTAND THAT THE PERMIT WILL EXPIRE AND BECOME NULL AND VOID IF WORK IS NOT STARTED WITHIN 180 DAYS OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANYTIME AFTER WORK HAS COMMENCED; AND, THAT I AM RESPONSIBLE FOR ENSURING THAT ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE BUILDING CODE.

Applicant's Signature

Date

Please Print Applicant's Name

For Plan Review Use Only

<u>Yes</u>	<u>No</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If being moved into or within City, was pre-application inspection and associated report completed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If being moved into or within City, has a conditional use permit been issued?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of Hennepin County or State of MN moving permits received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building permit application for new construction or demolition of the property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Municipal sewer/water disconnect permit issued?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hennepin County septic abandonment permit issued?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipated moving date(s) coincide with dates of other permits?

INSPECTION TYPES (TO BE CHECKED):

Erosion Control

Other

Final

Planning Division

Authorized By: _____ Date _____

Building Division

Authorized By: _____ Date _____

Permit Purpose (Remarks) _____
