



Moving Permit Application

CITY OF LOWELL
216 NORTH LINCOLN STREET
LOWELL, AR 72745
(479)770-2185

FOR OFFICIAL USE ONLY
Review Routing &

Division	Sig. = OK	Date
Site Inspection By:		
Application Approved By:		

Approval

Address of Job: _____ **Email:** _____

Address of New Site: _____

Owners Name: _____

Owners Address: _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone (s): _____

Contractor's License #: _____ **Expires:** _____

Height: _____ **Width:** _____ **Length:** _____ **After structure is loaded**

The route that the building will be moved is as follows:

Inspections Required:

Electric service terminated

Septic service empty

Sewer service terminated

Well service capped

Water service terminated

Contractor will be responsible for the contacting of the Inspection Department for inspection of structure and site, along with all other parties, prior to moving structure from site. Contractor is also responsible for terminating all utilities as required by utility companies and the Inspection Department. Complete terminations no more than 3 days after structure is moved.

(Signature of Contractor or Authorized Agent)

(Please Print Applicant Name)

(Date)

THIS PERMIT BECOMES NULL AND VOID IF THE MOVE IS NOT COMMENCED ON THE APPROVED MOVE DATE. I, THE APPLICANT, DO HEREBY CERTIFY THAT I HAVE REA AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT; AND THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH, WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAW.

NOTE: TO SCHEDULE INSPECTIONS CALL 479-770-2185 – CONSTRUCTION SERVICES