

STRUCTURE MOVING PERMIT APPLICATION

\$100

Date: _____

Please complete the following information:

Property Owner: _____ Phone #: _____

Property Owner Address: _____

Structure Moving Contractor Name: _____ Phone #: _____

Contractor Address: _____ State #: _____ BL #: _____

House being moved to: _____

Current location of structure: _____

Date to be Moved: _____ Loaded Height: _____

Sketch moving route below or attach map.

Applicant Signature: _____ Applicant Title: _____

(Contractor, Owner, Agent, etc.)

Applicant Printed Name: _____

Sworn to and subscribed before me on

this _____ day of _____, 20 _____

Signature of Notary: _____

(Place Notarial Seal Here)

Notary Public for: _____

My commission expires: _____

Please have each signature below before submitting the application to the Permit Application Center.

Utilities Department: _____

Authorized Representative Signature

Printed Name

Approval Date

Telephone Company: _____

Authorized Representative Signature

Printed Name

Approval Date

Comporium - 200 Rawlinson Rd., Rock Hill SC 29732 Ph. 803-324-3167

Rock Hill Police Dept.: _____

Authorized Representative Signature

Printed Name

Approval Date