



STRUCTURE MOVING APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mtl.wa.us
www.cityofmlt.com

Permit # _____

Application for House, Shed, Building or Structure Moving Permit Within the City Limits of Mountlake Terrace

Date & Hours of Move _____

Route to be Taken for Move (Provide Map with Route) _____

OWNER / AGENT CONTACT INFORMATION

<u>OWNER</u>	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Ph _____ Fax _____	
E-mail _____	
Contact Name _____	
E-mail _____	
Ph _____ Fax _____	

<u>CONTRACTOR</u>	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Ph _____ Fax _____	
E-mail _____	
State Lic. # _____	
City Lic. # _____	

Insured By _____ Policy # _____ Date & Expiration Date of Policy _____

Present Location of Building to be Moved _____

Address of New Location of Said Building _____

Description of house, shed, structure of buildings to include the gross weight, length, height and width of the building or structure, as well as the registered gross weight of all vehicles or combination of vehicles to be used or engaged in the movement of said buildings or structures: _____

This move will take place between the hours of 9:00 a.m. and 3:00 p.m., Monday-Friday, on the date approved; or, unless different hours and date of move have been approved by the City Engineer, Police Chief and Fire Chief.

The Applicant – Permittee hereby agrees to comply with City Ordinance No. 1419 and any additional requirements as enumerated by the reviewing authorities. Applicant must also attach a copy of Insurance Policy and Statement of Approval by all Public Utility Companies listed above.

Sign Owner / Agent _____ Date _____

Print Owner / Agent _____ Date _____

OFFICE USE ONLY

Received By _____ Date _____

Plan Check Fee \$ _____ Date _____ Receipt Number _____

Permit Fee \$ _____ Date _____ Receipt Number _____

REQUIREMENTS OF REVIEWER(S)

TRAFFIC ENGINEER:

FIRE CHIEF:

POLICE CHIEF:

BUILDING OFFICIAL:

MOVING PERMIT APPLICATION DENIAL:

YOUR APPLICATION FOR A MOVING PERMIT HAS BEEN DENIED FOR THE FOLLOWING REASONS:

TRAFFIC ENGINEER:

FIRE CHIEF:

POLICE CHIEF:

BUILDING OFFICIAL:

THESE CONDITIONS MUST BE CORRECTED BEFORE THE MOVING PERMIT WILL BE ISSUED.

RESUBMITTAL BY: _____

DATE: _____

RECEIVED BY: _____

DATE: _____

APPROVED BY:

NAME

DATE

TRAFFIC ENGINEER

FIRE CHIEF

POLICE CHIEF

BUILDING OFFICIAL
