City Of Ingleside

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APPLICATION FOR MOVING A BUILDING

Permit #:_____

Name of Owner of House to by Moved:

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _(_____)_____

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Name of Person who will move house:

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _(_____)_____

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Type or Kind of Building to be Moved:_____

Original Cost of Building: $_____ Dimensions: (Length) _____ (Width) _____ (Height) _____

Present Location of Building: _____

Proposed Location of Building: (Lot)_____ (Blk) _____ (Subdivision) _____

Street Number of Location to be moved to: _____

Approximate time Building will be on Streets: (Date) _____ (Start Time) _____ (End Time) _____

Contemplated Route to be Taken:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

OFFICE USE ONLY

Zone: _____ Occupancy Type: _____ Occupancy Load: _____

APPROVED: _____ DATE: _____ REVIEWD BY: _____