

# City of Richfield Moving Permit Application

Office use only

Job Site Address: \_\_\_\_\_ Tenant/Bldg \_\_\_\_\_

The Applicant Is:     Owner and Occupant     Contractor

### Property Owner

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_

### Contractor/Applicant

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_ License # \_\_\_\_\_

#### Property Use

#### Moving Information

<input type="checkbox"/> Single Family Residential  <input type="checkbox"/> Two Family Residential	MOVING FROM: _____ MOVING TO: _____ MOVING DATE: _____ PHONE: _____ LICENSE # _____  <input type="checkbox"/> Move House <input type="checkbox"/> Move Garage
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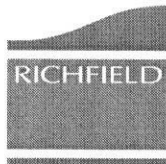
#### APPROVALS

#### FEES

<input type="checkbox"/> Water/Sewer Disconnect _____ <input type="checkbox"/> Taxes Paid _____ <input type="checkbox"/> Water Bill Paid _____ <input type="checkbox"/> Pre-Inspection _____ <input type="checkbox"/> Public Works _____ <input type="checkbox"/> Building Official _____	Garage Moving Fee \$50.00 _____  House Moving Fee \$50.00 _____  State Surcharge \$5.00 _____  <b>TOTAL FEE</b> _____
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This permit may be issued only to a licensed moving contractor. I hereby apply for a moving permit and I acknowledge that the information above is complete and accurate: that the work will be in conformance with the ordinances and codes of the City of Richfield and with the Minnesota Building Code.

<b>Applicant's Signature:</b> _____	<b>Date:</b> _____
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City of Richfield  
 6700 Portland Avenue South  
 Richfield, MN 55423  
 (612) 861-9860

Revised 9/21/10

