

Receipt No. \_\_\_\_\_  
Permit No. \_\_\_\_\_

**CITY OF ELYRIA  
PERMIT APPLICATION  
MOVING**

Moving FROM (Address) \_\_\_\_\_ Date \_\_\_\_\_

Moving TO (Address) \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Moving Contractor/Contact Person \_\_\_\_\_ Registration No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

**I.** Commercial Building \_\_\_\_\_; Industrial Building \_\_\_\_\_; 1,2,3 Family Residential Building \_\_\_\_\_; Other type of building or structure (Specify) \_\_\_\_\_

**II.** Dimensions of Building \_\_\_\_\_ ft. by \_\_\_\_\_ ft.; Basement \_\_\_\_\_; First Story \_\_\_\_\_;

Second Story \_\_\_\_\_; Third Story \_\_\_\_\_; No. and sq. ft. of additional stories \_\_\_\_\_

Loaded Height of Bldg. To Highest Point \_\_\_\_\_ ft.; Loaded Height of Bldg. at Eaves \_\_\_\_\_

**TOTAL SQ. FT.** \_\_\_\_\_

**III.** Subcontractors: (Specify) \_\_\_\_\_

**IV.** Proposed Moving Date: \_\_\_\_\_ Proposed Starting Time: \_\_\_\_\_

**V.** Route: On a separate sheet of paper, submit the route you propose to take. The City of Elyria may select an alternate route and time of the move.

**VI.** On a separate sheet of paper, detail number of trucks/wheel loads etc., beneath the structure.

**VII.** Sign offs: Several private and public entities will be involved in the moving of your building. This application must be taken to each of the listed parties and a signature of an authorized representative must be obtained to assure approval of the move by all parties involved.

Elyria Safety-Service Director \_\_\_\_\_ Date \_\_\_\_\_

City Engineer \_\_\_\_\_ Date \_\_\_\_\_

Communications Dept. Supt. \_\_\_\_\_ Date \_\_\_\_\_

Street Dept. Supt. \_\_\_\_\_ Date \_\_\_\_\_

Parks & Recreation Director \_\_\_\_\_ Date \_\_\_\_\_

Police Chief \_\_\_\_\_ Date \_\_\_\_\_

Fire Chief \_\_\_\_\_ Date \_\_\_\_\_

Ohio Edison Co. \_\_\_\_\_ Date \_\_\_\_\_

Alltel Ohio, Inc. \_\_\_\_\_ Date \_\_\_\_\_

AT&T Broadband \_\_\_\_\_ Date \_\_\_\_\_

There may be others who should be aware of the move (ie: Railroad, LifeCare, Sheriff, Highway Dept., School Bus, Post Office, Ohio State Patrol, etc.). The applicant is responsible for all notifications.

The following space is reserved for comments by the parties listed in item VI. Please identify yourself and write your comment. If there is a charge for your involvement, please provide a cost estimate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Over**

City of Elyria Building Dept.  
131 Court St.  
Ph. 326-1491 Fax 326-1488

