

APPLICATION FOR MOVING PERMIT

Granite Falls, Minnesota

RETURN ALL FORMS TO:

Granite Falls City Hall
Building Department
885 Prentice Street
Granite Falls, Minnesota 56241-1598
Phone: 320-564-3011
Fax: 320-564-3013

OFFICE USE ONLY

Permit No. _____
Date Received _____
Moving Permit _____
State Surcharge _____
Total Fee Due _____

Description of Building or Structure to be Moved: _____

Width: _____ Length: _____ Height: _____ Total Height Including Towing Vehicle: _____

From: Address: _____

To: Address: _____

Name of Applicant: _____ Telephone: _____

Applicant Address: _____

Name of Licensed Mover: _____ Telephone: _____

Movers Address: _____

Owner of Structure: _____

Date of Move within City: _____ Time of Day for Move: _____

Proposed Moving Route: PLEASE DRAW THE ROUTE ON THE CITY MAP ON THE REVERSE SIDE OF THIS APPLICATION.

I the Applicant/Mover have checked the moving route and will cooperate with the departments listed below to avoid striking any of their utility service lines and will follow the route as I have indicated on the map on the reverse side of this application. I understand it is Applicant/Movers responsibility to contact the listed utility companies 120 hrs in advance of moving.

The Departments listed below will be given a copy of this completed permit application for their review and comment. Any issues by the departments listed below regarding the moving of this structure, shall contact the applicant and/or moving company to coordinate any issues or concerns prior to the moving date indicated above. The Applicant/Mover shall also contact the departments listed below 120 hrs in advance of moving any structure with any concerns about utility locations, weight restrictions, insurance, dates and time of the move. Some of the departments listed below may require a special moving permit application for their requirements in addition to this permit.

- | | | | |
|--------------------------------------|-----------------------|-------------------|-------------------|
| 1. City Police Department, | 895 Prentice Street | Tel: 320-564-2129 | Fax: 320-564-0162 |
| 2. City Public Works Dept., | 501 Prentice Street | Tel: 320-564-3511 | Fax: 320-564-3013 |
| 3. City Electric Department, | 501 Prentice Street | Tel: 320-564-3511 | Fax: 320-564-3013 |
| 4. Xcel | Montevideo | Tel: 320-269-9006 | Fax: 320-269-9037 |
| 5. R. E. C. | Montevideo | Tel: 320-269-2302 | Fax: 320-269-2302 |
| 6. Sprint Telephone Co., | Glencoe, MN | Tel: 320-864-1933 | Fax: 320-864-3481 |
| 7. Mediacom Cable TV, | Redwood Falls, MN | Tel: 507-637-5479 | Fax: 507-637-3225 |
| 8. Burlington N. & Santa Fe Railroad | Staubach (Gene Biddle | Tel: 817 230-2633 | Fax: 817 306 8265 |
| 9. Twin Cities & Western Railroad | Glencoe, MN | Tel: 320-864-7200 | Fax: 320-864-7220 |
| 10. Yellow Medicine Co. Hwy Dept. | Hwy 212 West | Tel: 320-564-3331 | Fax: 320-564-2140 |
| 11. Chippewa Co. Hwy Dept. | Montevideo, MN | Tel: 320-269-2151 | Fax: 320-269-2153 |

These Utility Companies may require the Applicant to post a Deposit Fee equal to the anticipated amount required to compensate the Utility Company for any utility and public property repairs or alterations occasioned by such movement. Verify if a deposit will be required, by contacting the utilities listed above.

APPLICANT'S CERTIFICATIONS AND COMPLIANCE:

The undersigned hereby agrees that if this permit is granted, all work performed shall be in accordance with the City of Granite Falls standard specifications for moving a building or structure. The undersigned also agrees to properly barricade the structure and light it at night to protect the general public. The undersigned further agrees to save the City of Granite Falls harmless from any and all damage suits, which may arise from the above work. The undersigned carries Contractors Public Liability Insurance to maintain this protective coverage. The undersigned agrees not to move the structure between 7 a.m. and 6 p.m. Monday through Friday or as restricted by the City Police Department. The undersigned also claims that all Real and Personal Property Taxes, Special Assessments and Municipal Utility charges have been paid on the property the structure will be placed.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

APPROVAL BY BUILDING OFFICIAL

Comments or Conditions: _____

Building Official Signature: _____ Date: _____

