

Moving Permit

City of Rock Rapids
310 S 3rd Ave
Rock Rapids IA 51246
712-472-2553

No. _____
Zone _____
Fee _____
\$10 per day

Owner _____ Address _____

Mover _____ Address _____

Structure to be moved _____

Present Location _____

Relocating to _____

Dimensions: Length _____ Width _____ Height Loaded _____

Route _____

Route Approved by Rock Rapids Utilities

Rock Rapids Utilities _____ Date _____

Building Permit No: _____ Issue Date _____

Bond in the Amount of \$ _____ is attached if applicable.

Certificate of Insurance meeting the requirements of Section 7-1.0206 is attached if applicable _____.

Length of time structure will be on street or public way _____.

I hereby assume all responsibility for any damage to property owned by the City of Rock Rapids caused by the moving of this building or structure.

Applicant _____ **Date** _____

Zoning Enforcement Officer

Approved _____ Disapproved _____

Date _____