

**CITY OF CARBONDALE  
APPLICATION FOR HOUSE MOVING PERMIT**

Date \_\_\_\_\_ Permit Number \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**TYPE OF STRUCTURE TO BE MOVED**

Single Family  Commercial \_\_\_\_\_

Two Family  Office \_\_\_\_\_

Multi-Family  Warehouse \_\_\_\_\_

Number of Units \_\_\_\_\_ Accessory \_\_\_\_\_

**BUILDING**

Type of Construction \_\_\_\_\_

Stories \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Total Building Area \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Sizes \_\_\_\_\_

Present Address of Structure to be Removed \_\_\_\_\_

Name of Owner \_\_\_\_\_ Phone \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_

**NEW LOCATION OF STRUCTURE TO BE MOVED**

Address \_\_\_\_\_ Zoning District \_\_\_\_\_

Basement? Yes  No  Attached Garage? Yes  No  Size \_\_\_\_\_

Detached Garage? Yes  No  Size \_\_\_\_\_

Carport? Yes  No  Size \_\_\_\_\_

Type of Foundation \_\_\_\_\_

Intended Use of Structure \_\_\_\_\_

Route Plan \_\_\_\_\_

Zoning Certificate Required? Yes  No  Number \_\_\_\_\_ Date \_\_\_\_\_

Building Permit Required? Yes  No  Number \_\_\_\_\_ Date \_\_\_\_\_

Electrical Permit Required? Yes  No  Number \_\_\_\_\_ Date \_\_\_\_\_

Right-of-Way Permit Required? Yes  No  Number \_\_\_\_\_ Date \_\_\_\_\_

Type of Driveway Surface Required \_\_\_\_\_

House Moving Permit Fee of \$100.00 Paid? Yes  No