

City of Altamont Permits & Applications 202 North Second Street Altamont, IL 62411 Phone: (618) 483-5212 Fax: (618) 483-6255 Web: www.altamontil.net

House Moving Permit Application
(To Be Completed 48 Hours Prior To Move)

DIMENSIONS	Width:	Length:	Height:	Loaded Height:		
ORIGIN:	·		DESTINATION:	<u> </u>		
Address:			Address:			
City/State			City/State			
Parcel #:			Parcel #:			
OWNER:			MOVING CONTR	MOVING CONTRACTOR:		
Name:			Name:			
Address			Address:			
City/State:			City/State:			
Phone:			Phone:			
Mobile:			Mobile:			
Fax:			Fax:			
START DATE: COMPLETION DATE:						
DESCRIBE ROUTE MOVE:						
(Include Appropriate Map)						
(
PERMIT APPROVALS (For Official Use Only)						
Street Dent: Police Chief: Frontier:						
Water & Sewer: Zoning:			-	Modiocom:	<i>If</i>	
Electric: City Clerk				Atmos:	equired	
PERMIT FEES AND DEPOSITS (For Official Use Only)						
Mover:		Owner:	Utility & Street Depo			
Liability Insurance Policy			Corporate Surety Bo			
Certificate Of Insurance		In Form Of		Cert. Of Deposit		
ostanisate et insuranes			Cash / Check		it	
Applicant or Owner	: \$15.00 In	spection Fee				
	\$10.00 Pe	ermit Fee	Rec. By:			
I, the Applicant of this Permit, do hereby understand the following:						
Issuance of this permit is subject to approvals which have or have not been approved.						
This work can not commence until the permit is "Approved" by the City of Altamont and all fees have been paid.						
This permit is subject to conditions set forth by the City of Altamont and/or its reviewers.						
This permit may be nullified by the City of Altamont at any time for failure to comply.						
_	to be notified one h	•	-			
-			given herein is true.			
Applicant's Signature	e:		Date:			