

# CITY OF WEST LIBERTY

409 N. Calhoun Street – West Liberty, IA 52776

Phone: (319) 627-2418 Fax: (319) 627-4847

## House/Building Moving Permit Application

Application Date: \_\_\_\_\_

### **Required Fees & Bonds**

Fee:           \$400.00          

Surety Bond:           \$2,500          

Property Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_

Moving Date: \_\_\_\_\_

Moving Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

House/Building Dimensions: \_\_\_\_\_

Route Specifications (City Limits): \_\_\_\_\_

***It shall be the responsibility of the mover to notify all utility companies.***

A **CERTIFICATE OF INSURANCE** is required by city code Title 3-4-2. The applicant shall show evidence that he/they are insured for not less than one million dollars (\$1,000,000) for personal injuries and one million dollars (\$1,000,000) property damage.

\_\_\_\_\_  
Signature of Applicant

Fees Collected:

\$ \_\_\_\_\_

Bond Provided: \_\_\_\_\_

Date \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
City Manager, City Clerk or City Official