



City of Larned
 Building Inspections
 417 Broadway
 Larned, Kansas 67550
 (620) 285-8500

Moving Permit Application

Application Date _____

Property Information

Street Address	City, State	Zip
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Zoning

Owner Information

First Name	Last Name	Phone
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Street Address	City	State	Zip
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Mark One: <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	Name	Phone
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Project Information

Structure Height _____	Loaded Height _____	Start Date _____
Structure Width _____	Loaded Width _____	Start Time _____
Structure Length _____	Loaded Length _____	Estimated End Time _____
	Loaded Weight _____	
	# of Axles _____	

Moving From:

Moving To:

Structure Description: House Accessory Structure Other _____

Route: *(attach detailed map showing proposed route)*

Indicate which utilities have been contacted:

(initial)	I acknowledge that if any damages occur to roads, trees, City utilities, City property, etc. I may receive an additional bill and will be responsible for said damages.
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I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I also certify that the information provided is correct and that I will comply with all zoning regulations, as well as City, State and Federal requirements. A permit issued upon false statement of any fact, which is material to the issuance of a permit, shall void said permit. Permits and/or Certificates of Occupancy, when issued, DO NOT NULLIFY ANY DEED RESTRICTIONS OR EASEMENTS VALIDLY FILED OF RECORD. In addition, I agree to install appropriate erosion control measures in order to avoid dirt, sand and other material from accumulating within public street right-of-ways. I also agree that if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant

Date

OFFICE USE ONLY

_____ Police Escorts @ \$32.50 / hour = _____ + _____ (\$0.02 / square foot) = _____

Permit # _____ **Permit Issue Date** _____ **Surety Bond Filed** **Yes** **No**

Public Works Notified (name and date):