APPLICATION TO MOVE BUILDING
City of Zeeland

Community Development Department
21 S ELM ST - ZEELAND, MI 49464
Phone 616-772-0872 - Fax 616-772-0880
buildinginspector@cityofzeeland.com
www.cityofzeeland.com

The City of Zeeland will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

1. BUILDING INFORMATION

Current address of building to be moved			
Property Owner	Phone		
Owner's Address	City	State	Zip
Email			

2. LICENSED MOVER INFORMATION

Name or business name	Contact		
Address	City	State	Zip
Phone	Email		

3. RELOCATION INFORMATION

Relocation Address	City or Township
Type of building, size and condition	
Moving route	

4. APPLICANT SIGNATURE

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND STATES MY PURPOSE IN REQUESTING THIS PERMIT, AND THAT UPON APPROVAL OF THIS PERMIT, I WILL CONFORM WITH ALL DUTIES IMPOSED UPON ME BY ARTICLE 8 OF CHAPTER 10 OF VOLUME 1 OF THE ZEELAND CITY CODE.

SIGNATURE OF APPLICANT: _____ Date: _____

5. CITY CLERK AUTHORIZATION

_____ Fee paid $_____

_____ Copy of Zeeland City Code Volume I Chapter 10 Article 8 as amended given to applicant

_____ Surety bond in the amount of $1,000 filed with the City Clerk

_____ Evidence of public liability ($50,000 to $200,000) and property damage ($50,000 to $100,000) filed with the City Clerk

_____ _____
City Clerk Date

6. AUTHORIZATIONS

City Manager

The undersigned has reviewed the application and authorizes the issuance of the permit. Comments:

_____

_____

_____

_____ _____

City Manager Date

ZBPW General Manager

The undersigned has reviewed the application and authorizes the issuance of the permit. Comments:

_____

_____

_____

_____ _____

ZBPW General Manager Date

Police Chief

The undersigned has reviewed the application and authorizes the issuance of the permit. Comments:

_____

_____

_____

_____ _____

Police Chief Date

Building Official

The undersigned has reviewed the application and authorizes the issuance of the permit. Comments:

_____

_____

_____

_____ _____

Building Official Date

Applicant

APPLICANT CERTIFIES THAT HE/SHE AGREES AND ACCEPTS THE CONDITIONS MADE BY ALL THE CITY DEPARTMENTS PRIOR TO THE STRUCTURE BEING MOVED:

SIGNATURE OF APPLICANT: _____ Date: _____

City Council

Approved by the City Council on _____ Subject to _____

_____

_____

Note: Police Department should be notified as soon as possible as to the date and time structure is to be moved: 616-772-9125.