

CITY OF BAYTOWN
INSPECTION DEPARTMENT
2401 MARKET ST.
P. O. BOX 424
BAYTOWN, TX 77522
281-420-6537

APPLICATION FOR MOVING PERMIT

MOVING PERMIT #: _____

PLACEMENT PERMIT#: _____

DATE: _____

CONTRACTOR: _____

PHONE: _____

CONTRACTOR ADDRESS: _____

BUILDING OWNER OR HOMEOWNER'S NAME: _____

MOVING DATE: _____

MOVING FROM (PRESENT LOCATION): _____

MOVING TO (FUTURE LOCATION): _____

FUTURE USE OF BUILDING: _____

SIZE: HEIGHT: _____ WIDTH: _____ LENGTH: _____

WILL HOUSE CLEAR OVERHEAD LINES?: _____

WILL CITY SERVICES BE REQUIRED?: _____

AMOUNT OF TIME HOUSE WILL BE ON CITY STREETS: _____

*****PLEASE ATTACH A MAP OF THE PROPOSED ROUTE*****

NOTES/COMMENTS _____

SIGNATURE OF MOVER

APPROVED BY

DATE

NOTE:**The mover is responsible for assuring that the route will accommodate the structure being moved without damaging any private or public property.**