



**TWO
RIVERS**
WISCONSIN

Submit to
 Inspection Dept
 City of Two Rivers
 PO Box 87
 Two Rivers, WI 54241-0087
 Email: zoning@two-rivers.org
 Fax: 920-793-5512

MOVING PERMIT APPLICATION

Location: _____

Owner _____ Phone _____

Building/Structure Residential Commercial Industrial Institutional Accessory

Building Size (L x W x H) _____ Traveled Height _____

Date of Move _____ Time of Move _____

ROUTE _____

MOVING CONTRACTOR

The undersigned hereby applies for a permit to do the work described and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and is in strict compliance with the municipal code and other ordinance of the City of Two Rivers and applicable Wisconsin State Statutes; and to obey any and all lawful orders of the City of Two Rivers. The undersign is responsible for obtaining all permits from other governmental agencies, such as, the State of Wisconsin prior to applying for a permit from the City of Two Rivers.

Contractor _____ Phone _____

Address _____ Contact Name _____

Contact the following to verify the service location, removal, disconnection, or abandonment prior to moving the structure

Wisconsin Public Service _____	Charter Communications _____	TR Plumbing Inspector _____
NSight Telephone _____	TR Water Department _____	TR Police Department _____
Frontier _____	TR Electrical Department _____	TR Fire Department _____

Signed _____ Date _____
 Contractor/Owner

Project Cost \$ _____

Permit fee to be paid in accord with Ordinance 1-2-1