



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

Project Address: _____

Owner _____ Phone _____

Building/Structure ☐ Residential ☐ Commercial ☐ Industrial ☐ Institutional ☐ Accessory

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

Date of Move _____ Time of Move _____

ROUTE _____

LOCATION ON LOT & SETBACKS _____

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 _____

Moving Permit Fees (rounded to the nearest whole number)

2.0% of valuation (Residential) \$50 Minimum Fee

2.5% of valuation (Commercial) \$50 Fee to move a structure to a different location on the same parcel

Project Cost (Shed & Labor): _____ ***Notify the office at least 72 business hours prior to moving**

Signed _____
(Contractor/Owner)

Date _____