



**TWO  
RIVERS**  
WISCONSIN

Submit to  
Inspection Dept  
City of Two Rivers  
PO Box 87  
Two Rivers, WI 54241-0087  
Email [zoning@two-rivers.org](mailto: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 undersigned 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)

2.5% of valuation (Commercial)

\$50 Minimum Fee

\$50 Fee to move a structure to a different location on the same parcel

Signed \_\_\_\_\_  
(Contractor/Owner)

Date \_\_\_\_\_