



## City of Jasper Structure Moving Permit Application\*

1707 2nd Ave

205-221-8529

[bmccarver@jaspercity.com](mailto:bmccarver@jaspercity.com)

**\* Proof of liability insurance and bond must be attached**

### Structure to be Relocated

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax Map ID: \_\_\_\_\_

Description of Structure: \_\_\_\_\_

Length: \_\_\_\_\_ Height: \_\_\_\_\_ Width: \_\_\_\_\_ Sq. Foot: \_\_\_\_\_

Length (on trailer): \_\_\_\_\_ Height (on trailer): \_\_\_\_\_ Width (on trailer): \_\_\_\_\_

Route of Relocation: \_\_\_\_\_  
(Map of route may  
be attached) \_\_\_\_\_

Planned Date of Relocation: \_\_\_\_\_ Expected Time on Road: \_\_\_\_\_

### Lot/Land Where Structure will be Relocated\*

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax Map ID: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

**\*If new location is within city limits, please attach a plot plan showing location of structure and setbacks at new location.**

### Relocation Contractor Information

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Liability Insurance Amt: \$ \_\_\_\_\_ Bond Amount: \$ \_\_\_\_\_

- **Permit is good for ninety (90) days. If the structure is not moved within 90 days of the issuance of the permit, a new application and all required documentation must be resubmitted. If all work is not completed in 90 days an extension of not more than 90 days may be granted. If at the end of one hundred eighty (180) days, work is not completed on said structure, the bond will be forfeited in the amount necessary to complete said relocation.**

I hereby certify that I have read and examined this application and know the same to be true and correct. I understand that consideration of this application is based upon the correctness of the information I have supplied and that any permit(s) granted may be revoked upon finding by the Zoning Official that any relevant information supplied on or with the application is substantially incorrect. I certify that the legal description I have submitted is accurate and understand that I am solely responsible for the accuracy of the description submitted. I further understand that only complete applications including all required exhibits, and fees are received by the City of Jasper, Planning Department by the scheduled deadline in order to be placed on the agenda.

☐ I HAVE REVIEWED, COMPLETED, & AGREE TO ALL SUBMITTAL REQUIREMENTS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **Permit Fees**

- |  |                           |
|--|---------------------------|
| 1. Moves up to 10 miles within city limits                                     | \$300.00                  |
| 2. Additional per mile within city limits for moves over 10 miles: _____ miles | \$3.00 x miles = \$ _____ |

*FEES ARE TO BE PAID IN ADVANCE AND FORM COMPLETED BEFORE CONSIDERATION FROM THE CITY OF JASPER.*

Make check payable to: City of Jasper

#### **FOR OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_