

**CITY OF RIVER FALLS  
STRUCTURE MOVING APPLICATION**

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Current Address of Structure: \_\_\_\_\_

Proposed Date of Move: \_\_\_\_\_ Est. Start Time: \_\_\_\_\_ Est. Finish Time: \_\_\_\_\_

Applicant/Agent: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

Mover: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_ D.O.T. License # \_\_\_\_\_

License Number of Moving Vehicles: Vehicle (1): \_\_\_\_\_ State: \_\_\_\_\_

Vehicle (2): \_\_\_\_\_ State: \_\_\_\_\_

Type of Structure: \_\_\_\_\_

Maximum Dimensions When Loaded: Width \_\_\_\_\_ ft. \_\_\_\_ in. Length \_\_\_\_\_ ft. \_\_\_\_ in.

(including overhangs, chimney, etc.) Height \_\_\_\_\_ ft. \_\_\_\_ in.

Structure is being moved to: City/Township of \_\_\_\_\_, to a parcel described as follows:(address or legal description) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner of property receiving structure: \_\_\_\_\_

Route Chosen: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Highlight the travel route on each of the attached maps/individual checklist approvals.)*

Amount of Deposit Required (If applicable): City \_\_\_\_\_ Utilities \_\_\_\_\_ Phone \_\_\_\_\_ Cable

\_\_\_\_ Tree service \_\_\_\_\_ Gas Company \_\_\_\_\_ Special conditions?

\_\_\_\_\_ Insurance required? \_\_yes \_ no Company Name: \_\_\_\_\_  
\_\_\_\_\_

Security Bond information: \_\_\_\_\_

*The application and enclosed Checklist Approvals have been received and reviewed by the City and found acceptable as provided by Chapter 15.04 of the Municipal Code.*

**\*\* Fee Paid:(\$435) Cash \_\_ Check # \_\_\_\_\_ Receipt # : \_\_\_\_\_**

**Approved: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Building Insp.**

**Zoning Adm.**