

CITY OF MOOSE JAW

DATE _____

APPLICATION FOR PERMIT TO MOVE BUILDINGS:

Name of Owner _____ Address _____

Telephone _____

Name of Licensed Mover: _____ Address _____

Telephone _____

Present Location of Building, Street, No: _____

Lot _____ Block _____ Subdivision _____

Proposed Location of Building, Street No: _____

Lot _____ Block _____ Subdivision _____

Size of Building: Width _____ Length _____ Height above the Foundation _____

Purpose for which Building presently used: _____

Proposed use of Building: _____

Route over which Building will be moved _____

Date Building will be moved _____

Route approved by _____ CITY ENGINEER _____ CHIEF CONSTABLE _____

I HEREBY CERTIFY THAT THERE ARE NO OUTSTANDING TAXES OWING ON THE PROPERTY PRESENTLY OCCUPIED BY BUILDING, WHICH THE CITY REQUIRE TO BE PAID, BEFORE THE BUILDING IS REMOVED.

CITY COMPTROLLER-TREASURER

HAS APPLICATION FOR BUILDING PERMIT BEEN MADE YES _____ NO _____

HAS APPLICATION FOR BUILDING PERMIT BEEN APPROVED YES _____ NO _____

HAS APPLICATION BEEN MADE FOR SERVICE CONNECTION YES _____ NO _____

If so, is service connection available _____

Who will be responsible for leaving present site free from any unfilled excavation and in satisfactory condition.

FEE _____

SIGNATURE OF APPLICANT.

BUILDING INSPECTORS REPORT _____

BUILDING INSPECTOR.