



Application for House Mover Permit

Applicant: _____

Applicant's Address: _____

Applicant's Contact: _____

Applicant's Email Address: _____

Business Name: _____

Business Address: _____

Business Telephone Number: _____

Nature Of Business: _____

GENERAL INFORMATION

Proposed Date(s) for the Move: _____

Proposed Time Duration for the Move: _____

Building to be Moved: _____

Dimensions of the Building or Structure to Be Moved: _____

Height of The Building or Structure to Be Moved: _____

Overall Travel Height: _____

Address of Building to Be Moved: _____

Address the Building or Structure Will Be Moved To: _____

Legal Description of The Parcel the Building or Structure Will Be Moved To:

REFERENCES AND PREVIOUS EXPERIENCE: Please List Any Previous Moving Experience and/or References We May Contact:

FEES: The applicant shall pay a fee in the sum of \$5.00 for one day or \$50.00 for one year to the city clerk at the time the application is submitted. No application shall be processed until this fee shall be paid in full by the applicant. The fee shall be non-refundable. The permit shall expire one (1) year following the date of issuance.

Applicant Initials: _____

INSURANCE REQUIREMENTS: The applicant shall provide proof of workers compensation insurance covering his or her employees in compliance with Iowa Law, and also public liability insurance issued in an amount and by a company or companies satisfactory to city covering personal injury, death or property damage suffered by anyone other than his or her employees during the course of the activities covered by the permit. The applicant shall furnish the city with a certificate or certificates of insurance of the insurance company or companies issuing the above-specified policy or policies of insurance at the time of the pre-moving conference and again on the date of the scheduled move, certifying that the applicant has such insurance in force.

Applicant Initials: _____

PRE-MOVING CONFERENCE: Before issuance of a permit, a pre-moving conference shall be held. The pre-moving conference may include, but not be limited to, the Maquoketa Public Safety Committee, the City Manager, the Public Works Director, a representative from the Maquoketa Police Department, and any of these invited parties: a representative from each affected utility, a representative from each affected business, and any interested state or county representatives. All such representatives shall submit in writing, at or prior to the pre-moving conference, the conditions, and requirements of their agencies. A general strategy for the move shall be planned and a date for the move shall be finalized at or following the pre-moving conference.

Applicant Initials: _____

REIMBURSEMENT OF CITY COSTS: an applicant to whom a permit is granted shall reimburse the city for all costs and expenses for materials and labor related to moving the building or structure that are incurred by the city. This obligation to reimburse shall include, but not be limited to, the cost of city staff and labor billed at an hourly rate, the cost of the city engineer incurred in connection with the project, any relocation costs incurred by the city, and the costs of labor and material to repair or replace any damaged public property or public improvements. The city may require the applicant to post a bond or letter or credit in a sum sufficient to cover these anticipate expenses.

Applicant Initials: _____

ATTACHMENTS:

- 1. Attach A Diagram or Drawing Showing the Dimensions of The Parcel to Which the Building Will Be Moved and The Location of The Building or Structure on That Parcel.
- 2. Attach A Photograph of The Building or Structure to Be Moved, Sufficient to Demonstrate Its Length, Width and Height
- 3. Attach A Map Showing the Proposed Route of The Move

I Hereby Certify Receipt of a copy of Chapter 123 of the Maquoketa City Code of Ordinances.

Signed This _____ Day Of _____, 20_____.

Signature of Applicant

City Hall Use Only

PRE-MOVING CONFERENCE: Date Held: _____ Time Held: _____

Representatives Attending Meeting:

Name	Company	Conditions/Requirements Attached: Yes/No

Others Attending: _____

FEES: Fee Paid: Receipt #: _____ Check #: _____

REIMBURSEMENT OF CITY COSTS:

(1) Bond or Letter of Credit: _____ Yes _____ No

(2) Amount of Bond or Letter of Credit: _____

INSURANCE REQUIREMENTS:

(1) At Time of Conference Insurance Certificate Attached? _____ Yes _____ No

(2) At Time of Move Insurance Certificate Attached? _____ Yes _____ No

(3) Insurance Covers Any Damages That May Occur from Moving A Building Within the City of Maquoketa? _____ Yes _____ No

ATTACHMENTS:

1. Attach A Diagram or Drawing Showing the Dimensions of The Parcel to Which the Building Will Be Moved and The Location of The Building or Structure on That Parcel.
_____ Yes _____ No
2. Attach A Photograph of The Building or Structure to Be Moved, Sufficient to Demonstrate Its Length, Width and Height. _____ Yes _____ No
3. Attach A Map Showing the Proposed Route of The Move. _____ Yes _____ No

I Hereby Certify That the Above Applicant Has Complied with The Provisions of Chapter 123 of the Maquoketa City Code of Ordinances. This Application Is Hereby Approved and Accepted This _____ Day Of _____, 20____.

CITY OF MAQUOKETA

CITY MANAGER