

Moving Permit Application

City of Great Bend
Building Inspections
1205 Williams Street
Great Bend, Kansas 67530
(620) 793-4106
(620) 793-4146

GREAT BEND

Property Information

Street Address	City, State	Zip
Zoning		

Owner Information

First Name	Last Name	Phone	
Street Address	City	State	Zip
Name		Phone Number	
Applicant			

Project Information

Height: _____ feet Square Footage: _____
Start Date: _____ Start Time: _____
Estimated Completion Date: _____ Estimated Completion Date: _____

Project Description

Moving To

Route

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I also certify that the information provided is correct and that I will comply with all zoning regulations, as well as all City, State and Federal requirements. A permit issued upon false statement of any fact, which is material to the issuance of a permit, shall void said permit. Permits and/or Certificates of Occupancy, when issued, DO NOT NULLIFY ANY DEED RESTRICTIONS OR EASEMENTS VALIDLY FILED OF RECORD. In addition, I agree to install appropriate erosion control measures in order to avoid dirt, sand and other material from accumulating within public street right-of-ways. I also agree that if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant	Date		
Office Use Only	Permit Fee \$ _____	Permit # _____	Permit Issue Date _____