

City of Great Bend  
Building Inspections  
1217 Williams Street  
Great Bend, Kansas  
67530 (620) 793-4106

# Moving Permit Application



Application Date \_\_\_\_\_

## Property Information

Street Address	City, State	Zip
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Zoning			
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## Owner Information

First Name	Last Name	Phone
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Street Address	City	State	Zip
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(circle one)	Name	Phone
Applicant Contractor		

## Project Information

Structure Height _____	Loaded Height _____	Start Date _____
Structure Width _____	Loaded Width _____	Start Time _____
Structure Length _____	Loaded Length _____	Estimated End Time _____
	Loaded Weight _____ # of Axles _____	

Moving From:

Moving To:

Structure Description:	House	Mobile Home
	Accessory Structure	Other _____

Route: *(attach detailed map showing proposed route)*

Indicate which utilities have been contacted:

(initial)	I acknowledge that if any damages occur to roads, trees, City utilities, City property, etc. I may receive an additional bill and will be responsible for said damages.
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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 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, **DONOTNULLIFY ANYDEED 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

**Fees:**

**Residential (less than 500 sq. ft.) - \$50.00**

**500 sq. ft. to 1,000 sq. ft. - \$250.00**

**Greater than 1,500 sq. ft. - \$750.00**

**PLUS \_\_\_\_\_ Police Escorts @ \$35.00 / hour = \_\_\_\_\_** **TOTAL PERMIT FEE: \_\_\_\_\_**

*(requirement of police escorts is determined by Chief of Police and Building Inspector. Rates are calculated on 15 minute increments.)*

*(Fees cover permit review, administrative costs and route review. If any additional City Staff and/or Equipment are required this will be charged at the hourly FEMA rates.)*

Permit# _____	Permit Issue Date _____	Surety Bond Filed	Yes	No
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Public Works Notified (name and date):