

CITY OF ST. JAMES APPLICATION FOR MOVING PERMIT

Applicant's Name: _____ Address: _____

Type of Building to be moved: _____

Length: _____ Height: _____ Loaded Height: _____ Width: _____

Note: All buildings exceeding 12 feet in width, 25 feet in length, or 16 feet in loaded height must be moved by a building mover licensed by the State of Minnesota.

Mover's Name: _____ State License #: _____

Movement from/to: _____

Proposed Route (Within City Limits): _____

Name of Mover: _____ Address: _____

Date & Time of proposed Move: _____ Need for Street or Utility Alteration? _____

Amount of Public Liability & Property Insurance Carried: _____ Name of Company: _____

Have permits been issued for movement over streets/roads other than City of St. James streets?:

Proof of Tax Payment: _____

Building Permit issued: _____ Date of Issuance: _____

I (We) understand that if permission is granted I (We) do hereby agree to repair at our own expense and to the satisfaction of the City of St. James any damage to the streets, signs, or structures thereon. The work of repair may be done by the City of St. James and costs charged to and paid by the applicant.

If granted this permit I (We) hereby agree to comply with all provisions of the permit and to take all necessary and reasonable precautions to maintain the safety of this movement and to be responsible for all liability for personal injury or property damage which may occur in connection with this movement, and in event of any claim made against the City of St. James in connection with any such act or omission by the applicant, the applicant shall hold the City of St. James harmless from any such claim.

Signed: _____ Applicant Date: _____

Permit Fee Paid _____ \$50.00

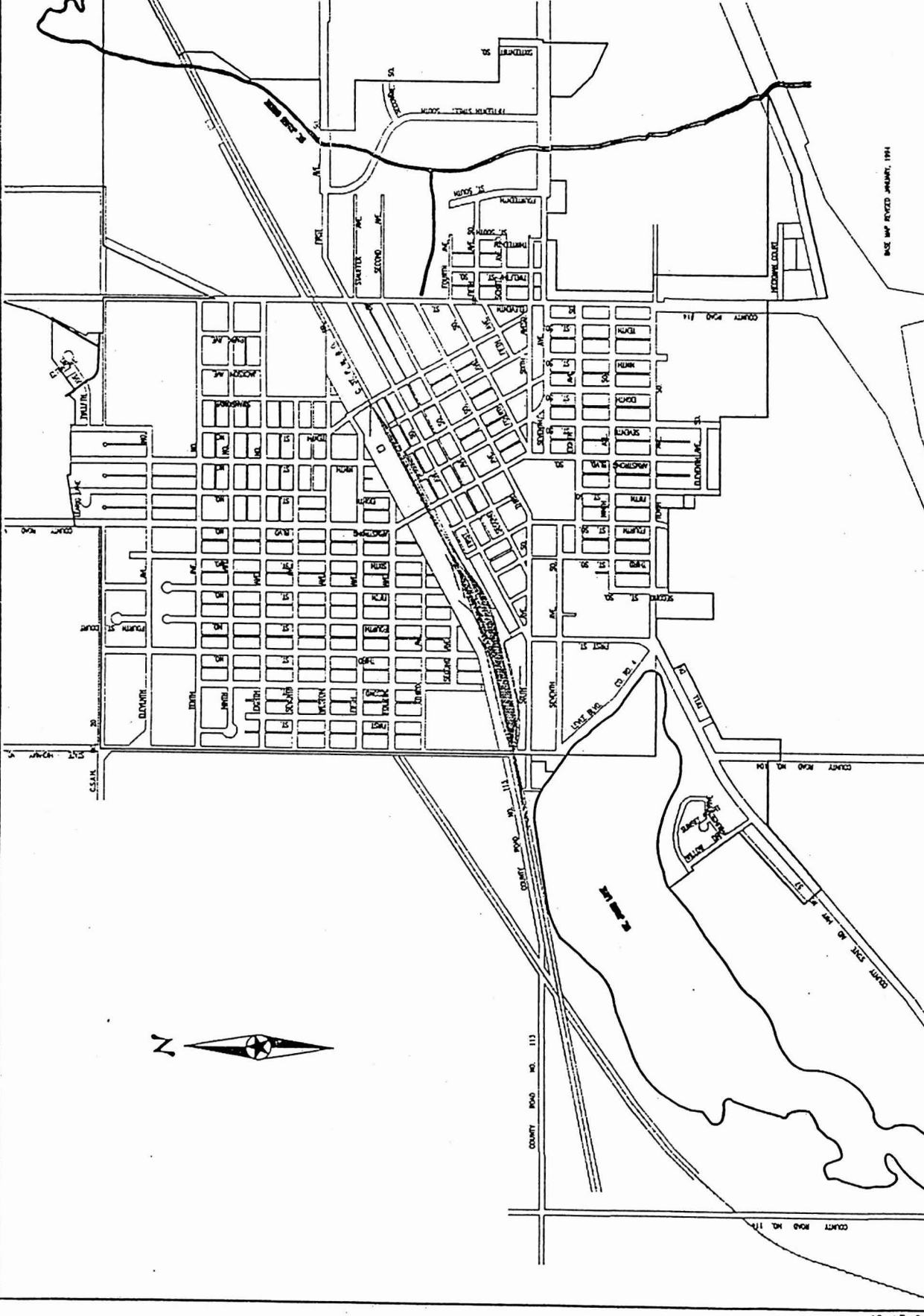
Route Checked by: _____ City Elec. Dept. _____ Cable T.V _____ Telephone _____ (Other) _____

Date City Police Notified: _____ Signed: _____ City Police Chief(Rep.) _____

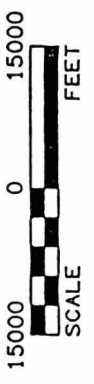
****Moving Permit will not be issued until 3 days after Building Permit issuance to allow time for public notification of intended route and destination.***

Approval: _____ City of St. James. Date of approved move: _____

***All Applicant's must complete the route map on the reverse side**



BASE MAP REVISED JANUARY, 1964



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 CONSULTING ENGINEERS & SURVEYORS

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