APPLICATION TO MOVE A BUILDING WITHIN THE CITY LIMITS OF HAMMOND

FILING DATE:_____ PERMIT#_

HI LICITII	ME:							
SOMBANIS/ NIA N	ME.	First Name	MI	0	C	Last Name		
				Owi	ner Cor	tractor	Other	
pplicant Mailing	Address:_	Street Address or PO I	Вох	City		State		Zip
pplicant Telepho	one:	()	Applicant Fa	ax: ()				
ARCEL#								
RESENT LOCA	ATION OI	F BUILDING TO BE MO	OVED:					
				Street Ado	dress			
		ME: Name above.) First I	Name	MI			Last Na	me
wner Address:								<u></u>
		Street Name/Street Number	•		State		Zip	
Telephor	ne: ()	Fax: (_)				
LOOD ZONE:	Zoning Re	equiring Elevation Certificate Zoning Not Requiring Eleva			AH X	A1-A30	A99	В
CONING:		B2 C1 C2 C3 C4 C4	4A H I L R4 R5	5 R5S R8 1	R11 RA	RP RS	S	
LOODWAY:	YES	NO						
PARCEL#								
ADDRESS TO	WHICH I	BUILDING WILL BE M	OVED:			Street A	ddress	
PROPERTY O	WNER NA	address? □Post Office AME: t Name above.) Fir		Dept. □9	911 Office MI	e □Othe	er	Last Name
Property Owner	Address:_			C:t-		C4-4-		7:
	,	Street Address		City		State		Zip
)						
FLOOD ZONE:	Zoning	Requiring Elevation Certification Zoning Not Requiring Elevation			AH X		A99	В
ZONING: FLOODWAY:	AL B1	B2 C1 C2 C3 C4 C4A H						
	RSON/CO	<u>R</u> MPANY MOVING BUI Exp.Date/_	_					_
NAME OF PER	RSON/CO SE #	MPANY MOVING BUI	_/ STATE #					
NAME OF PER	RSON/CO SE #	MPANY MOVING BUI	_/ STATE #		_ Exp.Da			_
NAME OF PER LOCAL LICENS Address:	SE #Street	MPANY MOVING BUI	_/ STATE #		_ Exp.Da		_/	_
NAME OF PER LOCAL LICENS Address: Telephone: (SE #	EXP. Date/_ Name or PO Box	_/ STATE #		_ Exp.Da		_/	
NAME OF PER LOCAL LICENS Address: Telephone: (SE #Street	EXP.Date/_ EXP.Date/_ Name or PO Box			Exp.Da	nte/	Zip	
NAME OF PER LOCAL LICENS Address: Telephone: (SE#Street ORMAT	E OF BUILDING TO BE MO			State # OF ST	ORIES:		
NAME OF PER LOCAL LICENS Address: Telephone: (PERMIT INF TOTAL SQUARE TYPE OF WALLS	SE # Street ORMAT FOOTAGE S:	E OF BUILDING TO BE MO	/ STATE # City Fax: () VED:	PE OF ROOF:_	State # OF ST	ORIES:	Zip	# OF ROOMS:
NAME OF PER LOCAL LICENS Address: Telephone: (PERMIT INF TOTAL SQUARE TYPE OF WALLS DESCRIBE REPA	Street Street ORMAT FOOTAGE S:	ENAME OF BUILDING TO BE MO	_/ STATE # City Fax: () VED: TYP BE MADE AFTER BU	PE OF ROOF:_	Exp.Da State # OF ST	ORIES:	Zip	# OF ROOMS:

ATTENTION: APPLICANT

All trash and debris from this	ect to express conditions of all fire, operation must be disposed of at overepairing this building is subject to the conditions of all fire,	wner's or contractor's expen	se. It is understood that all
	read this application and state that t ng construction and in event any side cost of replacement.		
Owner		Date	
NOTE: RETURN ALL THRI	EE COPIES TO OFFICE OF CITY O	CLERK	
FOR	OFFICE USE ONLY - APPLICANT	DO NOT WRITE BELOW	THIS LINE
permit is issued subject to the shall be complied with and ne	construct the improvements of the express condition that all fire, build a actual moving shall commence unity Inspector. This permit shall terminate	ding, zoning, and traffic ord til building site and propose	inances of the City of Hammond d new site have been inspected
APPROVAL:			
BUILDING OFFICIAL, CIT or BUILDING INSPECTOR		ATE	
FIRE MARSHALL		DATE	
PERMIT FEE			\$25.00
REFUNDABLE DEPOSIT (for damage to City property)		\$500.00
TOTAL PERMIT FEE Date Paid / /	Amount Paid \$	Check #	□Paid Cash
Daic 1 alu/	Amount Faiu \$	CHECK #	L r aid Casii