

VILLAGE OF PENTWATER
BUILDING MOVING PERMIT APPLICATION
(Pentwater Codified Ordinance – Section 151.40)

Parcel Number _____
Name _____
Date: _____

(Applicant)

(Address)

(City, State, Zip Code)

(Telephone)

(E-mail)

<u>OFFICE USE ONLY</u>
Application number _____
Date Rec'd _____
Deposit Rec'd \$ _____
Deposit Refunded (Less \$200) _____
ZONING PERMIT # _____
Expiration Date _____

APPLICANT'S CAPACITY IF NOT PROPERTY OWNER (circle one):
Builder / Have Option to purchase / Agent / other _____

CONTRACTOR LICENSE # (IF APPLICABLE) _____

PROPERTY OWNER:	
LOCATION TO BE MOVED FROM:	LOCATION TO BE MOVED TO:
PARCEL #:	PARCEL #:
RECORDED PLOT OR SUBDIVISION:	RECORDED PLOT OR SUBDIVISION:
BLOCK:	BLOCK:
LOT OR LOTS:	LOT OR LOTS:
STREET ADDRESS:	STREET ADDRESS:

** OR ATTACH LEGAL DESCRIPTIONS*

ROUTE TO BE TAKEN

DATE AND TIME OF THE MOVE: ____ / ____ / ____ ____ a.m. / p.m.

DIMENSIONS OF THE BUILDING: _____

NUMBER OF ATTACHED SHEETS: _____

1. <input type="checkbox"/> Legal Description	Number of Pages:
2. <input type="checkbox"/> Letters or Permits	Number of Pages:
3. <input type="checkbox"/> Other:	Number of Pages:

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any permits may be revoked. Further, I agree that all applicable sections of the Pentwater Community Zoning Ordinance and Pentwater Codified Ordinances will be complied with. Also, I agree to notify the Zoning Administrator for the Village of Pentwater for inspection before the move. Further, I agree to give permission for officials of Village of Pentwater to enter the property subject to this permit application for purposes of inspection. Also, I understand any action approved for this application conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: _____ Date: _____

**** Moving of Buildings require this permits, plus a Zoning Permit for the new location & a Demolition Permit for current location.**

When completed send to:
Village of Pentwater Zoning Administrator
327 S. Hancock Street – P.O Box 622
Pentwater, Michigan 49449
Phone: (231) 869-8301
Fax: (231) 869-5120

OFFICE USE ONLY

PROJECT APPROVED _____ PROJECT NOT APPROVED _____

PRE-APPROVAL INSPECTION _____ COMPLETION INSPECTION _____

ZONING ADMINISTRATOR SIGNATURE _____

DATE _____