

MOVING PERMIT APPLICATION

City of Springdale Buildings Department
201 Spring Street
Springdale, AR 72764
Phone: 479.750.8154 Fax: 479.756.7701



Date Submitted: ____ / ____ / ____

Phone #: _____

Site Address: _____

New Address: _____

AFTER BEING LOADED ON MOVING TRUCK

Height: _____ Width: _____ Length: _____

Moving Contractors: _____

Contractors Address: _____

Contractor Phone #: _____

UTILITY COMPANY AND TRAFFIC/POLICE SIGNATURE FORM

The mover should notify the following utility companies and have the company official sign in the proper places. The signatures indicate that these companies have been notified of the City street route along which the building will be moved.

Official of SWEPCO Electric: _____ Date: _____

Official of Ozark Electric: _____ Date: _____

Official of Telephone Company: _____ Date: _____

Official of Trans-Video Company: _____ Date: _____

Traffic Division Superintendent (City): _____ Date: _____

Fire Department: _____ Date: _____

Police Department: _____ Date: _____

The route that the building will be moved along City streets is as follows:

Signature _____ Date _____

FOR OFFICE USE ONLY

INSPECTOR APPROVAL _____ APPROVAL DATE _____

DATE HOUSE IS TO BE MOVED: _____

