

Application Date:	Residential Dwelling / Accessory Structure Moving Permit Application <i>Please print legibly and complete all sections.</i>		City of Superior Building Inspection Division 1316 N. 14 th St. Superior, WI 54880 Phone: 715-395-7288 Fax: 715-395-7346	
Logged In: (date and initial)				
Permit #:				
Parcel #:	PROJECT ADDRESS:		Contacted for Payment on:	By:
Permit(s) Required: <input type="checkbox"/> Construction				
Owner's Name(s)			Owner's Mailing Address	
Phone #:	Fax #/Phone #:	Email:		
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent				
Applicant Name & Business Name			Mailing Address	
Phone #:	Fax #/Phone #:	Email:		
WI Dept. of Commerce Business Registration # (BCR)		WI Dept. of Commerce Contr. License #		WI Dept. of Commerce Contr. Qualifier #
Designer/Architect/Engineer Name			Mailing Address	
Phone #:	Fax #/Phone #:	Email:		
State License/Registration #(s):				
Location & Project Details <i>(Check all that apply)</i>				
Type of Structure: <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Two Family Dwelling <input type="checkbox"/> Other _____				
Moving Start Location:				
Moving End Location:				
Site Plan to be submitted with Application.				
This project will also include:		Other Contractor Information		Phone #
<input type="checkbox"/> Foundation work				
<input type="checkbox"/> Electrical work				
<input type="checkbox"/> Plumbing work				
<input type="checkbox"/> HVAC work				
<input type="checkbox"/> Gas piping				
*PROJECT COST: \$				
Fee Summary			Fees	Sub-Total
Moving			\$100.00	\$
Receipt #	Rev'd By:		Grand Total	
*Estimated construction cost must be reasonable and verifiable. Construction cost to include fair market value of labor and materials				

- The applicant agrees to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied, on the City Agent/Inspector, Department or Municipality; and certifies that all the above information is true and accurate.
- Approval or disapproval of plans shall be based upon review of written and graphic information submitted.
- Changes made during construction shall be based upon approved revised plans.
- Any change in the conditionally approved plans shall be approved by this department before said changes are implemented.
- It is expressly understood by the project owner(s) and/or contractor(s) that by issuance of this permit any City Agent/Inspector shall be allowed to inspect at reasonable times any construction work through the final inspection.
- Failure to allow access to the premises for such inspection(s) shall result in revocation of this permit.

This is a Building Permit application only – not a permit to proceed.

Applicant Signature _____ Print Name _____ Date: _____

- I certify that the information provided on this form is complete and accurate.

Approvals

Permit Issued By:	Cert No.:	Date:
Conditions of Approval	This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.	
