

City of Rockford, Illinois

Public Works Department
 Construction and Development Services
 425 East State Street, Rockford, IL 61104
 Phone: (815) 987-5570 Fax: (815) 967-7052 TDD (815) 987-5718
 Web: www.rockfordil.gov



STRUCTURE MOVING PERMIT APPLICATION

(Including houses, garages, sheds, portable buildings, and other miscellaneous types structures)

 (DATE OF APPLICATION)

 (BUILDING MOVER'S NAME) (SEE REVERSE SIDE OF FORM FOR EXEMPTIONS)

 (APPLICANT NAME) (PLEASE PRINT)

 (ADDRESS)

 (ADDRESS)

 (PHONE #)

 (FAX #)

 (PHONE #)

 (MOVER'S LICENSE #)

 (APPLICANT SIGNATURE)

 (SURETY BOND #)

 (DATE OF BOND)

(\$10,000 SURETY BOND & PROOF OF COMPREHENSIVE GENERAL LIABILITY INSURANCE REQUIRED)

The above applicant hereby agrees to abide by all requirements and/or restrictions as imposed or otherwise required by the City of Rockford and as set forth in Chapter 6 as revised, of the City of Rockford, Code of Ordinance. Traffic control to be provided or coordinated by the applicant or applicant's mover. See attached ordinance requirements on pages 2&3 of form.

 (DESCRIPTION OF STRUCTURE BEING MOVED) _____ (DES)

 (DATE & TIME OF MOVE)

 (LENGTH)

 (WIDTH)

 (HEIGHT)

 (GROSS WEIGHT) _____ lbs.

 (APPROXIMATE TIME NEEDED FOR MOVE)

 (CURRENT LOCATION)

 (NEW LOCATION)

 (PROPOSED ROUTE)

\$30.00 PERMIT FEE

 (APPROVED BY) (PUBLIC WORKS DEPT.)

 (DATE OF APPROVAL)

 (SPECIAL CONDITIONS BY PUBLIC WORKS)

**CONTACT PERMIT OFFICE A MINIMUM OF 48 HOURS
 PRIOR TO MOVING AT (815) 917-5570
 MONDAY-FRIDAY, BETWEEN 8:00 a.m.-4:30 p.m.**

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