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 SIGNITURE)

_____ (SURETY BOND #) (DATE 0F 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)

_____ (DATE & TIME OF MOVE) _____ (LENGTH) _____ (WIDTH) _____ (HEIGHT) _____ lbs. (GROSS WEIGHT)

_____ (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) 987-5570
MONDAY-FRIDAY, BETWEEN 8:00 a.m.-4:30 p.m.

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