

# MOVING PERMIT APPLICATION

2017



**Development Services**  
**435 Ryman Street, Missoula, MT 59802**  
**(406) 552-6635 Fax: (406) 552-6053**

**Permit #:** \_\_\_\_\_  
**Issued Date:** \_\_\_\_\_  
**Email: [Permits@ci.missoula.mt.us](mailto:Permits@ci.missoula.mt.us)**

**INSTRUCTIONS - TYPE OR PRINT CLEARLY AND USE BLACK OR BLUE INK - NO PENCIL** - The applicant must fill out sections I, II, and III. Your permit will not be processed if you do not fill out the required information. Please read all conditions on this application before signing. The property owner and/or licensed contractor must sign and date the application. If not applicable please write N/A (do not leave blank). When filling out addresses, please include ST, AVE, RD, DR, etc. and zip code. A separate permit application is required for each building or structure except townhouses or commercial tenant spaces where each unit requires a permit. If necessary, provide directions to the site, location of work within the building, and/or attach a map.

SECTION I: ORIGINAL LOCATION	
<b>ORIGINAL LOCATION:</b>	
CITY LIMITS: <input type="checkbox"/> - YES <input type="checkbox"/> - NO	
<b>If the original location is located within the Missoula City Limits a \$20,000 bond will be required.    <input type="checkbox"/> - YES    <input type="checkbox"/> - NO</b>	
BLDG/SUITE/UNIT/APT #: _____	
SUBDIV: _____	
BLOCK: _____	LOT: _____
COS/TRACT: _____	PARCEL #: _____
SECTION: _____	TOWNSHIP: _____
RANGE: _____	GEOCODE: _____

SECTION II: PROPOSED LOCATION	
<b>PROPOSED LOCATION</b>	
CITY LIMITS: <input type="checkbox"/> - YES <input type="checkbox"/> - NO	
BLDG/SUITE/UNIT/APT #: _____	
SUBDIV: _____	
BLOCK: _____	LOT: _____
COS/TRACT: _____	PARCEL #: _____
SECTION: _____	TOWNSHIP: _____
RANGE: _____	GEOCODE: _____

**A BUILDING PERMIT WILL BE REQUIRED FOR RELOCATION WITHIN THE CITY OF MISSOULA JURISDICTION. BUILDING AND SITE PLANS WILL NEED TO BE SUBMITTED FOR APPROVAL OF PROPOSED LOCATION AND STRUCTURE PRIOR TO ANY WORK COMMENCING.**

SECTION III: PEOPLE INFORMATION	
OWNER OF STRUCTURE	
NAME: _____	
ADDRESS: _____	
CITY, ST, ZIP: _____	
PHONE: _____	
EMAIL: _____	

MOVING CONTRACTOR	
NAME: _____	
ADDRESS: _____	
CITY, ST, ZIP: _____	
PHONE: _____	
EMAIL: _____	
STATE HOUSE MOVERS LICENSE #: _____	

**CONDITIONS**

THE UNDERSIGNED APPLICANT HEREBY AGREES AND IS OBLIGATED TO MOVE THE ABOVE DESCRIBED BUILDING WITHIN THE CORPORATE LIMITS OF THE CITY OF MISSOULA VIA ROUTING AS OUTLINED ABOVE AND ON THE DATES SET FORTH IN THIS APPLICATION AND IN THE EXECUTION THEREOF TO COMPLY, FULLY, WITH THE PROVISIONS OF ALL ORDINANCES, RULES AND REGULATIONS THAT ARE NOW IN FORCE, OR THAT MAY HEREAFTER BE ESTABLISHED, BY THE COUNCIL OF THE CITY OF MISSOULA, GOVERNING THE CONDUCT OF SUCH WORK AND WILL FURTHER AGREE TO TAKE PRECAUTIONS TO ADEQUATELY PROTECT AND SAFEGUARD THE CITIZENS FROM ACCIDENTS BY REASON OF THIS OPERATION; FURTHER AGREEING TO HAVE THE SAID WORK PERFORMED TO THE ENTIRE SATISFACTION OF ALL OTHER AGENCIES LISTED ABOVE.

**THE BUILDING OFFICIAL MUST RECEIVE THIS APPLICATION AT LEAST 48 HOURS PRIOR TO MOVING THE STRUCTURE. THE APPLICANT IS REQUIRED TO NOTIFY AND OBTAIN APPROVAL FROM THE LISTED AGENCIES A MINIMUM OF 72 HOURS PRIOR TO MOVING WITHIN THE CITY.** THE CITY OF MISSOULA MAY REQUIRE ADDITIONAL TIME IF OBSTRUCTIONS TO THE MOVE MUST BE REMOVED OR RELOCATED BY CITY FORCES. A PERMIT SHALL NOT BE ISSUED UNLESS ALL SIGNATURES ARE OBTAINED ON THIS APPLICATION.

THE MOVER IS TO COMPLY WITH ALL PROVISIONS OF STATE LAWS AND ADMINISTRATIVE RULES OF MONTANA PERTAINING TO NOTIFYING AND WORKING WITH ALL UTILITIES IN ORDER TO ACCOMPLISH THE MOVEMENT OF ANY STRUCTURE. IF MOVEMENT IS UPON STATE AND COUNTRY ROADS OUTSIDE THE CITY, APPROPRIATE AGENCY APPROVAL IS REQUIRED.

\_\_\_\_\_  
 SIGNATURE OF LICENSED MOVING CONTRACTOR    DATE

SECTION IV: MISCELLANEOUS INFO		
BUILDING DESCRIPTION		
HEIGHT _____	WIDTH _____	
LENGTH _____	STORIES _____	
WEIGHT _____	CONST TYPE _____	
BUILDING OR STRUCTURE USE		
PROPOSED MOVING DATES AND TIMES		
START DATE _____	START TIME _____	AM / PM
END DATE _____	END TIME _____	
MOVING ROUTE		
ATTACH DETAILED DESCRIPTION AND MAP OF MOVING ROUTE.		

SECTION V: REVIEW	
<input type="checkbox"/> <b>FIRE DEPARTMENT</b>	
SPECIAL CONDITIONS	
APPROVED BY	
<input type="checkbox"/> <b>PARKS &amp; RECREATION DEPARTMENT</b>	
SPECIAL CONDITIONS	
APPROVED BY	
<input type="checkbox"/> <b>POLICE DEPARTMENT</b>	
SPECIAL CONDITIONS	
APPROVED BY	
<input type="checkbox"/> <b>TRAFFIC SERVICES/COMMUNICATION SHOP</b>	
SPECIAL CONDITIONS	
APPROVED BY	

DEVELOPMENT SERVICES	
<input type="checkbox"/> <b>ENGINEERING - TRAFFIC CONTROL</b>	
SPECIAL CONDITIONS	
APPROVED BY	
<input type="checkbox"/> <b>ENGINEERING - SEWER</b>	
SPECIAL CONDITIONS	
APPROVED BY	
<input type="checkbox"/> <b>PLANNING</b>	
SPECIAL CONDITIONS	
APPROVED BY	
<input type="checkbox"/> <b>BUILDING</b>	
SPECIAL CONDITIONS	
APPROVED BY	

SECTION VI: FEES		
<input type="checkbox"/>	BETWEEN 8'6" AND 15' WIDE LESS THAN 22' LONG LESS THAN 13' 6" HIGH	\$ 42.00
<input type="checkbox"/>	OVER 15' WIDE OVER 22' LONG OVER 13'6" HIGH	\$ 212.00
<input type="checkbox"/>	OVERWEIGHT FEE	\$106.00
<input type="checkbox"/> <b>ADDITIONAL STAFF TIME</b>		
# OF HOURS	RATE	TOTAL
	\$79.00/hour	

TOTAL FEES		
<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK