



VILLAGE OF MANCHESTER

912 CITY ROAD P.O. BOX 485
MANCHESTER, MI 48158
(734) 428-7877 FAX: (734) 428-1877
WWW.VIL-MANCHESTER.ORG

HOUSE MOVING PERMIT APPLICATION

Application Date: _____

APPLICANT IDENTIFICATION:

Name: _____ Telephone: _____

Address: _____

Name of Owner: _____ Telephone: _____

Address: _____

DESCRIPTION OF PROPOSED WORK:

Name of Party in Whose Benefit Moving to Occur: _____

Date and Time Desired: Date: _____ Time: _____

Route to be taken for House Moving: _____

REQUIRED:

Permit Fee Required - \$ 200.00 Bond of \$ 5,000.00 by Certified Check*

Certificate of Insurance

APPLICANT'S STATEMENT:

I hereby state that the information I have provided in this application is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

*Bond Amount will be returned after approval by Village Personnel

Over >>>>

For Office Use Only

Permit Paid: _____ Date Paid: _____ Received by: _____

Bond Paid: _____ Date Paid: _____

Certificate of Insurance Received: _____ (date)

Signature of DPW Superintendent: _____ Date: _____

Approved Denied

Comments: _____

Bond Return Date: _____ Check No.: _____