



**CITY OF MANCHESTER**  
912 CITY ROAD  
MANCHESTER, MI 48158  
(734) 428-7877 FAX: (734) 428-1877

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**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 City Personnel

Over >>>>

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**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.: \_\_\_\_\_