



CITY OF AMES - 304 MARTIN ST - AMES, TX 77575 - 936.336.7278

## MOVING APPLICATION

**PERMIT FEE: \$125.00**

Date: \_\_\_\_\_

**MOVING PERMIT#** \_\_\_\_\_ **PLACEMENT PERMIT#** \_\_\_\_\_

**CONTRACTOR:**

Company: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**HOMEOWNER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**MOVING:**

From (Present Location): \_\_\_\_\_

To (Future Location): \_\_\_\_\_

Proposed Property Use: \_\_\_\_\_ Moving Date: \_\_\_\_\_

**SIZE:** Height: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_

Will the house clear overhead lines? \_\_\_\_\_

Will City services be required? \_\_\_\_\_

Amount of time house will be on city streets? \_\_\_\_\_

**PLEASE ATTACH A MAP OF THE PROPOSED ROUTE**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

**TO SUBMIT FORM PLEASE EMAIL IT TO [ACARRINGTON@CITYOFAMESTEXAS.COM](mailto:ACARRINGTON@CITYOFAMESTEXAS.COM)**

**NOTES/COMMENTS:**

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Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**PLEASE NOTE: THE MOVER IS RESPONSIBLE FOR ASSURING THAT THE ROUTE WILL ACCOMMODATE THE STRUCTURE BEING MOVED WITHOUT DAMAGING ANY PRIVATE OR PUBLIC PROPERTY.**