

CITY OF CARBONDALE, KANSAS
RELOCATION OF BUILDING APPLICATION

234 Main
P.O. Box 70
Carbondale, KS 66606
Phone: 785.836.7108

Fee: _____

1. Property Owner: _____ Phone: _____

2. Address: _____

3. Description and Location where building will be moved to. _____

4. Date of time of moving:
Start: _____ End: _____

5. Route to be taken: _____

6. Will it be necessary to cut, move, raise or in any way interfere with any wires, cables or other aerial equipment of any public or municipally-owned utility? ___ Yes ___ No

If yes list the names of public or municipally-owned utility and the time and location that the applicant's moving operations shall necessitate the cutting, moving, raising or otherwise interfering with such aerial facilities.

7. Movers/Contractors names, addresses and phone numbers.

All provisions of laws and ordinances governing this type of permit will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant _____ Date _____

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