APPLICATION TO MOVE A BUILDING

City of Anoka ♦ 2015 First Ave. No. ♦ Anoka, MN 55303
Phone 763-576-2720 ♦ Fax 763-576-2727

Moving Company:_____ Contact Name:_____

Address:_____ City_____ State_____ Zip Code_____

Phone_____ Fax_____ Cell_____

Insurance Co._____ Policy #_____

Location Of Building To Be Moved _____ City_____ State_____ Zip_____

Destination Site Address_____ (PIN) _____

Legal Description: Lot_____, Block_____, _____

Property Owner(s)_____

Phone Number_____ Cell/Business Phone_____

Property Owner's Address_____ City_____ State_____ Zip_____

Please provide a detailed description of the planned moving route and when the moving will occur:

Job Valuation _____ | Permit Fee $_____ State Surcharge $_____ City Surcharge $_____ Total $_____

APPROVAL FOR MOVE

ZONING DEPT_____ DATE_____

ELECTRIC DEPT_____ DATE_____

STREETS DEPT_____ DATE_____

POLICE DEPT_____ DATE_____

FIRE DEPT_____ DATE_____

BUILDING DEPT_____ DATE_____

OFFICE USE ONLY

STAMP