



City of Albion

BUILDING MOVE PERMIT APPLICATION

420 W MARKET STREET, ALBION, NE 68620
Telephone: 402-395-2428, Fax: 402-395-6723
Email: administrator@cityofalbion-ne.com

Date: _____ Permit #: _____

Permit Fee: \$25.00 or 2¢ per square foot of floor area, whichever is greater.

Homeowner's Name: _____ Phone #: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Mover Name: _____ Phone #: _____

Mover Address: _____ City: _____ State: _____ Zip: _____

Building Use: **Residential** **Commercial** Property in Flood Plain? **Yes** **No**

Building Size (sq ft): _____ Building Height: _____ Original Cost of Building: _____

Building Description: _____ Number of Rooms: _____

Building to be moved **FROM** (attach legal): _____

Date building to be moved: _____ Mover Bonded? **Yes** **No**

Building to be moved **TO** (attach legal): _____

Approximate times on street: _____ .m. to _____ .m.

Route to be taken within City Limits: _____

Attach the following to application:

Tax Certificate:

Certificate of Ownership:

Liability Policy (minimum \$10,000 property and \$10,000 personal injury)

Approved Building Permit from City Code Official (if moving to lot in town):

Signature of Property Owner: _____ Date: _____

Signature of Mover: _____ Date: _____

Police Department: _____ Date: _____

Fire Department: _____ Date: _____