

MOVING PERMIT APPLICATION

City of Tupelo | Department of Development Services Mail: P O Box 1485, Tupelo, MS 38802-1485

Phone: (662) 841-6510 Fax: (662) 841-6550

Email: permits@tupeloms.gov

MUNIS
Received By:
Date Received:
(for office use only)

Permit Fee: \$100 (Non-refundable)

PROJECT DESCRIPTION					
PRESENT LOCATION OF HOUSE: _					
DESTINATION OF HOUSE:					
SQUARE FOOTAGE OF BUILDING: HEIGHT OF BUILDING (PEAK OF ROOF):					
PROPOSED MOVING DATE:					
TRAVEL ROUTE BETWEEN CURREN	T LOCATION AND DESTI	NATION:			
CONTACT INFORMATION					
STRUCTURE OWNER CONTACT	NFORMATION:				
Name:		Email: _			
Address:	City:		State:	Zip Code:	
Phone Number(s):					
PROPERTY OWNER CONTACT IN	IFORMATION:				
Name:		Email: _			
Address:	City:		State:	Zip Code:	
Phone Number(s):					
MOVING CONTRACTOR:					
Name:		Email:			
Address:	City:		State:	Zip Code:	
Phone Number(s)					

Signature approval is required from the following entities and must be returned to the Department of Development Services at least five (5) working days prior to proposed moving date. 1. Tupelo Police Department Approved by (Print Name): Signature: _____ Date: _____ 2. Tupelo Water and Light Approved by (Print Name): Signature: _____ _____ Date: _____ 3. Tupelo Public Works Approved by (Print Name): Signature: ______ Date: _____ 4. AT&T Approved by (Print Name): _____ Signature: _____ Date: _____ I hereby certify the above information is true and correct and completed in accordance with the Tupelo Development Code and that I have received, or retained, a copy of this application. I further understand that if I am not the property owner, notarized permission from the property owner is required for application to be processed.

Date: _____

Applicant Signature_____