

MOVING PERMIT APPLICATION
CITY OF LAUREL
P. O. BOX 647
LAUREL, MS 39441-0647
(601) 428-6438 OR FAX (601) 426-0043

DATE _____

Moved from Street Address _____ to Street Address _____

Property Owner: _____

Mailing Address: _____

City _____ State _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Cell (____) _____

Type of Structure: Single Family _____ Multi-Family: _____ Commercial _____ Other: _____

IF MULTI-FAMILY: Number of Buildings _____ Units per Building _____

CHECKLIST

Flood Zone	Yes _____	No _____
Historic District	Yes _____	No _____

IF NEW LOCATION IS WITHIN CITY LIMITS PROVIDE THE FOLLOWING INFORMATION:

Front Setback _____ Rear Setback _____ Nearest Side _____
Lot Size _____ Square Footage of Building: _____

ATTACH COPY OF ROUTE AND APPROVAL LETTERS FROM:

City of Laurel Police Department _____	MPCO or Dixie Electric _____
Comcast _____	Bell South _____
Water and Sewer Services _____	

CONTRACTOR: _____
ADDRESS _____ PHONE _____

PERMIT COST _____

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT:

OWNER/REPRESENTATIVE/CONTRACTOR DATE

It is the responsibility of the applicant and/or contractor to have all utilities removed prior to moving of the building.

APPROVED BY _____

DATE APPROVED _____ PERMIT # _____