

Filing Date: \_\_\_\_\_



City of Bowling Green  
Neighborhood and Community Services  
707 E. Main Ave  
PO Box 430  
Bowling Green, KY 42102-0430  
Phone: 270-393-3676 & 270-393-3615  
Fax: 270-393-3223  
www.bgky.org

# House Moving Permit Application

*Please Print Clearly in Ink or Type*

Permit # **HM2018-**

## EXISTING LOCATION OF HOUSE

Permit Address \_\_\_\_\_ Suite/Unit/Apt \_\_\_\_\_ Zip Code \_\_\_\_\_

Subdivision \_\_\_\_\_ Project/Development Name \_\_\_\_\_

Lot # \_\_\_\_\_ Building # \_\_\_\_\_

## NEW LOCATION OF HOUSE

Permit Address \_\_\_\_\_ Suite/Unit/Apt \_\_\_\_\_ Zip Code \_\_\_\_\_

Subdivision \_\_\_\_\_ Project/Development Name \_\_\_\_\_

Lot # \_\_\_\_\_ Building # \_\_\_\_\_

## PROJECT INFORMATION

Purpose of Moving the House \_\_\_\_\_

House Area: Length \_\_\_\_\_ Width \_\_\_\_\_ Total Square Footage \_\_\_\_\_

Removal Cost \$ \_\_\_\_\_

After the house is moved the property will be used for...

Grassy Area     \*Parking Lot     \*Site for a New Building

*Footings and Foundations must be removed from the site.*

*\* Additional Permits required for construction and improvements*

## APPLICANT INFORMATION

Applicant \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Suite/Unit/Apt # \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Check all that apply to Applicant's Role:  Owner     Contractor     Other \_\_\_\_\_

Primary Contact \_\_\_\_\_ Office Phone \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_

*It is your responsibility to contact the other authorities before transporting the home on the roadway.*

Permit # \_\_\_\_\_

**CONTRACTOR INFORMATION (IF NOT THE APPLICANT)**

Contractor Business Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Suite/Unit/Apt # \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Primary Contact \_\_\_\_\_

**OWNER INFORMATION (IF NOT THE APPLICANT)**

Owner Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Suite/Unit/Apt # \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**SOIL DISTURBANCE INFORMATION**

Will There Be Any Soil Disturbance  Yes  No Size of Area To Be Disturbed (Sq. Ft.) \_\_\_\_\_

*-If Disturbed Area is less than 750 sq./ft. a Sketch Plan is Sufficient*

*-If Disturbed Area is greater than 750 sq./ft. a Professional Plot Plan with a completed Standard SWPPP form is required*

*For additional information please refer to the Public Works Stormwater Quality Application Guide.*

***I the Applicant of this Permit do hereby understand the following:***

1. This Permit will be approved when **ALL** Reviews have been approved.
2. The Building Division may issue the Permit or Phases of the Permit with **Conditions**.
3. It will be the Applicant's responsibility to meet **ALL** conditions required for Plan Review Approval.
4. Work cannot commence until the Permit is issued by the Building Division and **ALL** fees have been paid.
5. Kentucky Building Code, Current Edition with referenced Codes and City Ordinances will govern this Permit.
6. Phase 2 Erosion Prevention & Sediment Control Practices will be implemented during **ALL** phases of construction as defined in City Ordinance 21-2.03.
7. A list of Sub-Contractors is to be submitted to Occupational License Division prior to the issuance of this Permit.
8. It is the contractor's responsibility to call for inspections.
9. To the best of my knowledge ALL information given herein is true.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_