



HOUSE RELOCATION PERMIT APPLICATION

Rock Solid

Applicant Information: (Please Print) Date _____

Name: _____

Address: _____

_____ Phone: _____

House moving Company Information:

Name: _____

Address: _____

_____ Phone: _____

Insurance Information:

Company: _____

Address: _____

_____ Phone: _____

Policy number: _____

Owner of Structure Information:

Name: _____

Address: _____

_____ Phone: _____

Location of Structure:

Present Address: _____

Proposed Location: _____

Date dwelling unit will be placed upon proposed location:

Month: _____ Day: _____ Year: _____

This is to certify that _____ (Print Name) has the lawful authority to make execute this application for a house relocation permit and that all requirements of the City of Elberton have been met.

Furthermore, the staff of the building inspection department has the Authority to enter and inspect the dwelling unit to be moved at its current location and to inspect the property upon which the dwelling is to be relocated.

Applicant Signature: _____

(Please Print) _____

Witness _____

Notary _____

Relocating structure or building fee \$200.00