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APPLICATION FOR MOVERS PERMIT

Date: _____

Applicant Name: _____

Address: _____ Phone Number: _____

Owner of Building: _____

Current building location: _____

Description of Building to be moved:

Size _____ x _____; Number of stories _____

Move to address: _____

Moving Route: _____

Planned move date: _____

Applicant signature: _____

MOVERS PERMIT

This permit is the lawful authority of _____
_____ (applicant's name) to move a building and/or structure to:
_____ (address) in
accordance with the terms of the above application and in strict compliance with the
ordinances of the City of York and the State of Nebraska.

Dated this _____ day of _____, 20_____.

City Clerk

- (1) This form must be filed fifteen (15) days prior to the Planning Commission Meeting
- (2) This form must be accompanied by a check in the amount of \$25.00