



1CITY OF MARIANNA
MUNICIPAL DEVELOPMENT DEPARTMENT

Post Office Box 936
Marianna, FL 32447
(850) 482-2786 Fax (850) 482-3627

House Moving Permit Application

Date _____

COMPANY:

Name _____
Address _____
City, State _____
Phone _____
Phone _____
Company Representative _____

PROPERTY OWNER:

Name _____
Address _____
City, State _____

Bond (minimum \$10,000):

Name of Surety _____
Address _____
Amount _____
(Attach copy showing City of Marianna as beneficiary.)

Present address/physical location of the structure _____

Proposed address/physical location of the structure _____

Route _____

Structure to be moved on (Date) _____ beginning at (time) _____.

Estimated duration of move in hours _____

Signature of Company Representative

Date

Signature of Property Owner

Date

APPROVAL/ENDORSEMENTS:

SIGNATURE

DATE

1. City of Marianna Municipal
Development Department:

2. City of Marianna Police Department
(Route reviewed and approved by)

3. Florida Public Utilities
(Route reviewed and approved by)

4. Local Phone Company
(Route reviewed and approved by)

5. Comcast Cable Television
(Route reviewed and approved by)

6. Endorsements attached, if applicable:
a. Florida Department of Transportation
b. Jackson County Road Department

Reviewed and approved for permit this date _____ by _____ City Manager, City of Marianna. Permit granted this date _____, to move said structure upon City streets as specified on attached application. This permit is only valid for date and time specified on attached application. If not used, applicant must reapply prior to moving structure.

City Clerk, City of Marianna