

Building Division 525 N 3rd Ave, Pasco, WA 99301

P: 509.543.5726

www.pasco-wa.gov | permittech@pasco-wa.gov

FOR STAFF USE ONLY				
PERMIT #				

Building Relocation Permit Application

This application is to be completed and submitted with all required documentation to the Pasco Building Inspector before a permit to relocate or move a building will be issued. THIS PROCESS WILL TAKE A MINIMUM OF THREE BUSINESS DAYS. Providing false information is punishable with penalties up to five hundred dollars (\$500). PMC Chapter 16.28 (Ord. 1810, 1976)

REQUIRED for submittal: A map of the route with detail of all streets, cross streets, highways, alleys and properties over which the building is to be moved.

Building Mover Information				
Moving Company Name:		WA State Contractors License#:		
Contact Person:	Phone:	Email:		
Address:	City:	State/	Zip:	
Current Location & Description	on of Building to be	Moved		
Address moving FROM : Address:		City/State/Zip: _		
Type of Structure (Wood, Metal, Masonr	y etc.):	Size of structure:	(length) X(width)	
Loaded Height of Building ft.	in			
Destination Address & Route	<u>Information</u>			
Address moving TO :	,	Pasco, WA 99301 Parcel Nur	mber:	
Intended Use of Building (House, Office,	, Storage, Shop etc.):			
Date & Time of Day of Move:		(date)	(time)	
Notification of City Officials:				
The following City of Pasco officials me permit will be denied without all signa necessary to assist with the move, the attached to this application.	tures. If it is determined	that Pasco Police and/or Po	ublic Works employees are	
Chief of Police:		Date of Signature:		
Public Works Director/City Engineer:		Date of Signature:		
Movers Certification:				
By my signature I hereby certify that; television, telephone and railroad compliens or encumbrances against the title provided hereon is true and correct.	anies along the approved r	oute of travel and; (2) there a	are no unpaid assessments,	
Signature:	Date of Signature:			