

**ZONING OFFICE  
APPLICATION TO RELOCATE STRUCTURE**

**SECTION 1: ZONING OFFICER USE ONLY**

1. PERMIT NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_
2. CERTIFICATE OF INSURANCE FILED: YES \_\_\_\_\_ NO \_\_\_\_\_ NA \_\_\_\_\_
3. CERTIFICATE OF TAXES PAID FILED: YES \_\_\_\_\_ NO \_\_\_\_\_ NA \_\_\_\_\_
4. CERTIFICATE FROM PUC FILED: YES \_\_\_\_\_ NO \_\_\_\_\_ NA \_\_\_\_\_
5. PERFORMANCE BOND POSTED: YES \_\_\_\_\_ NO \_\_\_\_\_ NA \_\_\_\_\_
6. AMOUNT OF PERFORMANCE BOND: \$ \_\_\_\_\_

**SECTION 2: APPLICANT INFORMATION**

- A. 1. NAME OF OWNER OF STRUCTURE \_\_\_\_\_
2. OWNER'S ADDRESS \_\_\_\_\_
3. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_
- B. 1. NAME OF MOVER \_\_\_\_\_
2. MOVER'S ADDRESS \_\_\_\_\_
3. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**SECTION 3: STRUCTURE INFORMATION**

- A. TYPE OF STRUCTURE: HOUSE \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_
- B. DIMENSIONS: LENGTH \_\_\_\_\_ FT. WIDTH \_\_\_\_\_ FT. HEIGHT \_\_\_\_\_ FT.
- C. STRUCTURE IS ON A: BASEMENT \_\_\_\_\_ SLAB \_\_\_\_\_ OTHER \_\_\_\_\_
- D. DATE STRUCTURE IS TO BE MOVED: \_\_\_\_\_ TIME \_\_\_\_\_
- E. ORIGIN OF STRUCTURE: \_\_\_\_\_
- F. DESTINATION OF STRUCTURE: \_\_\_\_\_
- G. PROPOSED ROUTE TO BE TAKEN: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### **SECTION 4: AUTHORIZATION**

I/We agree to conform to all existing ordinances of the City of Babbitt, St. Louis County, and the State of Minnesota. I/We agree that as the applicant for this permit, I will have completed all certificates as required by the Zoning Officer in Section 1 before beginning any moving activity. I/We understand that once the structure is moved, the property must be inspected by the Zoning Officer before any back-filling is initiated. I/We understand that before the performance bond is returned, all conditions specified in the granting of this permit must be complied with. I/We understand that if the structure is to be moved to another location within the City of Babbitt, that a separate Building Permit Application must be on file with the Zoning Officer.

**PRINT NAME OF APPLICANT** \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

## CERTIFICATION OF INSURANCE

I certify that \_\_\_\_\_ has sufficient  
insurance to cover any public liability the might be incurred in moving a structure from  
\_\_\_\_\_(address) to  
\_\_\_\_\_(address).

Name of insuring agent: \_\_\_\_\_

Name of insuring agency: \_\_\_\_\_

Address of agency: \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Insurance Agent: \_\_\_\_\_

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

## **PUBLIC UTILITIES CERTIFICATION**

I certify that all current water and sewer bills for the property located at:

\_\_\_\_\_ (address)

have been paid.

Signature of PUC Clerk:

\_\_\_\_\_

Date:

\_\_\_\_\_

I certify that all water and sewer connections and/or disconnections for the structure

located at \_\_\_\_\_ (address)

will be made or have been made in accordance with existing specifications.

Signature of PUC Superintendent:

\_\_\_\_\_

Date:

\_\_\_\_\_

## CERTIFICATE OF TAXES PAID

I certify that all taxes against the structure/property located at the following address have been paid.

Street Address: \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ ZIP \_\_\_\_\_

Legal Description of Property:

Townsite: Division \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Rural: \_\_\_\_\_

Name of Certifying Agent: \_\_\_\_\_

Agent's Title: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

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