



MOVING PERMIT APPLICATION

Only Valid For Moving Between Hours of 10:00P.M and 2:00A.M

DATE OF APPLICATION ____/____/____ PERMIT NUMBER _____-

FROM LOCATION _____ *TO* LOCATION _____

OWNER _____

OWNER'S ADDRESS _____

CITY/STATE/ZIP _____ Telephone Number (____)____. _____

TYPE STRUCTURE _____ TOTAL FLOOR AREA _____

CONTRACTOR _____

CONTRACTOR'S ADDRESS _____

CITY/STATE/ZIP _____ Telephone Number (____)____. _____

STATE LICENSE NUMBER _____ EXP. DATE _____

LIABILITY INSURANCE CARRIER _____ EXP. _____

CONTRACTOR'S SIGNATURE _____ DATE ____/____/____

DESCRIBE ROUTE AS PLANNED:

REQUIRED AGENCY APPROVALS:

POLICE (615) 452.1313 **FIRE** (615) 452.2771 **ELECTRIC** **BELLSOUTH**
BY _____ BY _____ BY _____ BY _____

DATE ____/____/____ ____/____/____ ____/____/____ ____/____/____

(POLICE AND FIRE DEPARTMENTS MUST BE NOTIFIED BY PHONE 24 HOURS PRIOR TO MOVE.)

PLEASE NOTE: THIS PERMIT IS VALID 30 DAYS FROM DATE OF ISSUANCE.