

Current Site and Building or Structure

## Application for MOVING PERMIT

P.O. Drawer 357 201 South Main Street Graham, NC 27253 (336) 570-6705 Fax (336) 570-6703 www.cityofgraham.com

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Street Address:		Proposed Moving Date:			
Property Owner:		Proposed Time on Road:			
Type of Structure:		Attach a map showing the proposed moving route			
Extreme Building Dimensions:		Attach a certificate showing proof of valid and sufficient public liability insurance			
ft tall x ft w		New Address:			
Original Cost of Structure \$ Applicant and Project (					
		Subdivision, if applicable:			
Name:		Lot #, if applicable: Zoning District(s):			
Property Owner Control Other		Overlay District, if applicable: Historic S Main St/Hwy 87 E Harden St/Hwy 54			
Mailing Address:		Lot Dimensions:			
City, State, Zip:		Setbacks:			
Phone #		Front ft Rear ft Rear % of lot depth			
Email:		Side ft Side (street) ft Side (agg.) ft			
I hereby make application to m	ove a building or structure as	Is there Flood Zone anywhere on the lot? Yes No If YES, a <b>Flood Elevation Certificate</b> is required.			
described in this application. I agree to conform to all applica the City of Graham and the Sta further state that all statement	te of North Carolina and	<ul> <li>Attach the following, as applicable:</li> <li>Plot Plan, for single family or duplex structures, showing lot dimensions, overall dimensions of all buildings, and distance from buildings to the front, side and rear lot lines</li> <li>Site Plan Review Application, for commercial or multifamily</li> </ul>			
Signature of Applicant	Date	structures Floodplain Development Permit, if any building, structure or other development is proposed in a Flood Zone			
Be sure to contact all of the foll PNG Cable Duke Energy NC DO Graham Police Dept. Central Communications Ce	T Graham Fire Dept.	Certificate of Appropriateness, <i>if in the Historic District</i> Certificate of Occupancy will be required prior to occupying the premises <b>Moving Contractor</b>			
FOR OFFICE	USE ONLY				
Tax Map#	Remarks:	Contractor:			
GPIN:		Contact Name:			
City Limits / ETJ Taxable		Phone # Lic. #			
Census #		Address:			