

	<p align="center">City of Harrisburg Building Services</p> <p align="center">301 E Willow St. Harrisburg, SD 57032 Phone: 743-5872 x12 Fax: 743-2831</p>	<p align="center">MOVING PERMIT APPLICATION</p>
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Applicant name: _____ Date: _____

Applicant Mailing Address: _____

City: _____ State: ____ Zip Code: _____ Phone: _____

Applicant e-mail address: _____

Type and description of structure to be moved: _____

Where is the structure being moved from? _____

Where is the structure being moved to? _____

Who is moving the structure? _____

When is the structure to be moved? _____

Please sketch on the back of this application, or attach, a map of the route of the move.

You may e-mail the completed & signed form to michael.mcmahon@harrisburgsd.gov

This Application form must be accompanied by:

- ☐ A non-refundable Moving Permit Application Fee of \$50.00.
- ☐ An additional non-refundable Late Application Fee of \$100.00 if the move occurs prior to approval of this permit.

I hereby certify that the above information is accurate and correct and I understand that I will be responsible for traffic control within City limits during the move and that I am financially responsible for any damage to public property caused by the move.

Applicant's signature

FOR CITY USE ONLY

Date received: _____ Date approved: _____ Permit # _____