



**City of Harrisburg  
Building Services**

301 E Willow St. Harrisburg, SD 57032  
Phone: 743-5872 x12 Fax: 743-2831

**MOVING  
PERMIT  
APPLICATION**

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](mailto: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 # \_\_\_\_\_