



CITY ASSIGNED JOB NUMBER: _____

225 Fifth Street
Springfield, OR 97477

CITY OF SPRINGFIELD
BUILDING MOVING PERMIT
DPW- Current Development Division

Fax 541-726-3676
Phone 541-726-3753

Structure Being Moved From: _____	City: _____
Lane County Reference Number: _____	Tax Lot Number: _____
Structure Being Moved To: _____	
Lane County Reference Number: _____	Tax Lot Number: _____

Building Owner: _____	Phone Number: _____
Mailing Address: _____	Cell Phone Number: _____
City: _____	State: _____ Zip: _____

Moving Contractor: _____	Phone Number: _____
Construction Contractors Registration Number: _____	Expires: _____
Mailing Address: _____	Cell Phone Number: _____
City: _____	State: _____ Zip: _____
Plumbing Contractor: _____	Phone Number: _____
Construction Contractors Registration Number: _____	Expires: _____

Description of Building to be Moved:		
Square Footage: _____	Moving Length: _____	Moving Width: _____
Height on Dolly: _____	# of Sections Being Moved: _____	Type of Constr: _____
Square Footage: _____	Living Units: _____	Value of Structure(s): _____
Proposed Date of Move: _____	Beginning at: _____	am/pm
Completion Date of Move: _____	Ending at: _____	am/pm
Description of Proposed Route (Please attach map with route outlined with directional arrows):		

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Structure Moving Permit

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NOTIFICATION OF MOVE: The Community Services Division will route copies of this application to all appropriate divisions, departments and agencies. However, the applicant must contact property owners if trees are involved in the proposed move. In addition, the applicant must secure the approval of all appropriate municipal, county and state authorities should the move originate or terminate outside the City of Springfield, or along any street owned by the state or the county within the City's boundaries.

PLANS, FEES, AND CHARGES: Prior to receiving a permit to move a building into the City of Springfield, the applicant or their representative shall:

- Submit two (2) copies of site or plot plan for new site.
- Submit two (2) copies of the foundation plan for the relocated building
- All applicable permit and system development fees shall be paid prior to any moved
- Any applicable permits and inspections for sanitary sewer cap or septic pump and fill

By my signature below, I certify that the above information is true and correct, that all required contacts have been made and authorizations obtained. I also understand that the minimum time to process this permit, because of the number of agencies notified by the City of Springfield, is seven (7) working days.

Signature: _____ Date: _____

- FOR OFFICE USE/REVIEW ONLY -

Community Services Division Report: _____

Foundation/Site Plan Submitted? _____ Approved? _____ Foundation Permit Number: _____

Moving Permit Approved By: _____ Date: _____

Engineering Division Report: Owner(s) AND Contractor(s) are both responsible for any damages to private or public property.

Moving Permit Approved By: _____ Date: _____

Traffic Division Report: Contractor is responsible for a safe, efficient relocation operation. All signal systems shall be monitored to ensure they are functioning properly. Any damage to or malfunctions of the traffic signal system shall be reported immediately to Signal Technician, at 343-4902 or Gene Butterfield, Maintenance Supervisor, at 998-3667.

Moving Permit Approved By: _____ Date: _____

Historical Report: _____

Moving Permit Approved By: _____ Date: _____

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Required Inspections: An inspection of the property is required at the following indicated stages of this project.

<p>_____ Septic Tank Pumped and Filled A Certificate from a bonded/ registered contractor will meet this inspection requirement.</p>	<p>_____ Sanitary Sewer Capped Capped within five (5) of the property line with approved materials.</p>	<p>_____ Final Move To be made once structure has been moved from site and all debris has been removed.</p>
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To request an inspection, please call 726-3769. Inspections called in before 7 am will be made the same working day, inspections called in after 7 am will be made the following working day. Please leave your City designated job number, job address, type of inspection and when you will be ready for inspection.

Zone: _____ Flood Plain: _____ Type of Constr: _____ Occy Group: _____

Moving Permit	\$ 372.00
• 10% Administrative Fee	\$ 37.20
Sanitary Sewer Cap/Septic Pump and Fill (if applicable)	\$ 93.00
• 12% State Surcharge	\$ 11.16
• 5% Technology Fee	\$ 4.68
Possible Subtotal	<u>\$ 518.01</u>
_____	\$ _____
_____	\$ _____
TOTAL	<u><u>\$ _____</u></u>

(if property does not need the sanitary sewer capped or the septic tank pumped and filled, deduct applicable permit fee)

Date Paid: _____ Receipt Number: _____ By: _____