| House Moving Permit | City of Waverly Building Department P.O. Box 427 Waverly, NE 68462 Phone 402.786.2312 | | A Gr | Waverly reat Place to Grow | |
|---|---|----------|---|-------------------------------|-------------|
| | Fax 4 | | 2.786.2490 | www.city | waverly.com |
| Items Required | | | Line # | | |
| Date of application made to Municipal Clerk | | | Permit # | | |
| Present Location of House: | | | OFFICE USE ONLY | | |
| Future Location of House: | | | Data | | |
| Proposed Route | | | Date Check | Credit | |
| | | | Check | orean | |
| | | | Surety Bond | | \$ 5,000.00 |
| Equipment to be used | | | Owner Name & Address Phone # Contractor Name & Address | (| |
| Letter acknowledging 24 hour notice from utility company for moving any lines | | lines | Phone # | () - | |
| | | | Phone # | () - | |
| Certificate issued by County Treasurer to the effect that all the provisions | | | I certify that I have read this application and state that the above information is correct. I agree to comply with all state laws. | | |
| regulating the moving of the building have been compli- owner of the real estate upon which the said building is | ed with on the par | t of the | | | |
| Chief law enforcement officer approval of proposed route | | | Applicant Signature | | |
| | | | Date | | |
| Comments: | | | Permit Expiration This permit shall become null and void if the work authorized by this permit is not commenced within 180 days from date of issuance. This permit will expire after a period of 2 years from date of issuance. | | |
| | | | Permit Issu | led | |
| | | | By: | | |
| | | | City of Waverly Building Department 14130 Lancashire Waverly, NE 68462 | | |