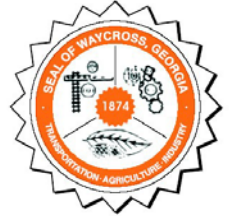


# BUILDING MOVING & ROUTING PERMIT APPLICATION

CITY OF WAYCROSS, GEORGIA  
 Department of Community Improvement  
 (912) 287-2944, Office / (912) 287-2948, Facsimile  
[www.waycrossga.com](http://www.waycrossga.com)



**INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA**  
 (Note: An incomplete application may delay the approval process.)

CURRENT LOCATION: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX MAP #: \_\_\_\_\_

RELOCATING TO ADDRESS: (IF WITHIN THE CITY LIMITS) \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX MAP #: \_\_\_\_\_ FLOOD ZONE: \_\_\_\_\_

LOT: (CHECK ONE) \_\_\_\_\_ CORNER \_\_\_\_\_ INTERIOR \_\_\_\_\_ SETBACKS: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDES \_\_\_\_\_ + \_\_\_\_\_

BUILDING OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

GIVE A BRIEF DESCRIPTION AND THE SIZE OF THE BUILDING: \_\_\_\_\_

SAID BUILDING WILL BE MOVED OVER THE FOLLOWING ROUTE: \_\_\_\_\_

HEIGHT OF BUILDING LOADED: \_\_\_\_\_ WEIGHT OF BUILDING LOADED: \_\_\_\_\_

**We, the undersigned, have inspected said route for our respective companies and have reached an agreement with the above named Moving Company on any and all conflicts that may be encountered over the above described route. Any change in routing must be cleared through our agencies.**

COMPANY NAME	TELEPHONE	PRINT NAME	SIGNATURE	DATE
Atlanta Gas Light	912-338-8760			
Georgia Power	912-287-5469			
Bell South	912-283-9080			
CSX Transportation	912-287-4524			
Waycross Cable	912-283-2332			
Waycross Fire	912-287-2937			
Waycross Police	912-287-2921			
Waycross Traffic	912-287-2915			

I HEREBY CERTIFY THAT STATE CLEARANCE HAS BEEN RECEIVED TO MOVE THIS BUILDING, AND I AM PROVIDING THE CITY WITH A COPY OF THE STATE CLEARANCE PAPERWORK. UPON PAYMENT OF ALL FEES, THIS APPLICATION BECOMES PART OF THE ACTUAL PERMIT. THE PERMIT BECOMES NULL AND VOID IF THE AUTHORIZED WORK IS NOT COMMENCED AND COMPLETED WITHIN 30 DAYS.

BUILDING OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b><i>FOR OFFICE USE ONLY</i></b>			
Accepted By: _____	Date: _____	Approved By: _____	Date: _____
Issued By: _____	Date: _____	Permit Fee: \$ 75.00	Permit #: _____
AFTER COMPLETION, MAKE ONE COPY FOR THE APPLICANT, AND A YELLOW COPY FOR THE TAX ASSESSOR. ORIGINAL STAYS IN FILE.			