VOLUSIA COUNTY HOUSE MOVING PERMIT APPLICATION

05/02	Pre-House Moving #	Ap#	Pmt#
1. P	Property Owner		
2. N	New Parcel Number		·
3. N	New Address of building to be moved: (#, Street, City)		
- I. P	Present Parcel Number		
5. P	Present address of building to be moved: (#, Street, City)		
	Approximate time building will be upon roadways and proposed route that will be taken from present to new location: (Attach separate sheet if necessary)		
7. A	Attach copy of State of Florida D.O.T. 1		
3. C	Contractor Information: License Holder's Name		
Pl	Phone Number License Number		
A	address		
8. A	Actual moving height and width of building and square footage of living area:		
Ī	Length Width	Height	Square Footage
Z	oning: Approved by:	Date:	
T	raffic Engineering escort required	yes	no
			Date57-6000 ext 2709/2359 (386) 423-3300 ext 2709/2359
	ol. County Sheriff's Dept apt. Terry Sanders, (386) 239-6542	D:	Pate
**	**Call the Volusia County Traffic Signal Shop 48 hours prior to moving the building, (386) 239-6537		
:	**Note: This application must be acco (having Zoning's approval), foundati		ilding permit application with the required site plans wing all required improvements.
			neer must be obtained before final power will be released use of equipment furnished by the County.
	nture of Contractor	D:	Pate:
Ü			
Coun	of Florida ity of		
			by
who is	s personally known to me or who has produ	iced	(type of ID) as identification.
Signa	ture of Notary Public State of Florida Notarial Seal		rint, Type or Stamp Name of Notary