

VOLUSIA COUNTY PRE-HOUSE MOVING PERMIT APPLICATION

05/03

AP# _____ PMT# _____

1. Attach four (4) photographs of the building to be moved – one (1) of each elevation.
2. Present Owner's Name _____
3. Present Parcel Number _____ - _____ - _____ - _____
4. Present address of building to be moved: (#, Street, City) _____

Septic & Well Abandonment permits may be required on existing property

5. New Parcel Number _____ - _____ - _____ - _____
6. New address of building to be moved: (#, Street, City) _____

7. Company Name _____
License Holder's Name _____
License Number _____ Phone () _____ - _____ Fax () _____ - _____
Address _____
Number Street City Zip

8. Use of Building to be moved: _____

9. Extreme dimensions of building and square footage of living area:

Length	Width	Height	Square Footage
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10. Applicant declares that he has ascertained the location of all EXISTING UTILITIES, both Aerial and Underground from: Sunshine State One-Call of Florida, Inc. ___ 1-800-432-4770. _____ (Initial by applicant)

Zoning: Approved by: _____ Date: _____

Hist: Approved by: _____ Date: _____

11. Field Inspection by: _____ Date: _____

Date: _____

Signature of Contractor

STATE OF FLORIDA, COUNTY OF _____

Affirmed and subscribed before me this _____ day of _____ 20____ by _____

who is personally known to me or who has produced _____ (type of ID)
as identification.

Signature of Notary Public, State of Florida

Print, Type or Stamp Name of Notary

Notarial Seal