



City of St. Peter, Minnesota

Application for Moving Permit

Permit No. MV 0\_\_ - \_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address of Building  
Present Location: \_\_\_\_\_

Relocation Site: \_\_\_\_\_

Legal Description of Property (present location): \_\_\_\_\_

(relocation site): \_\_\_\_\_

Type/Size of Building to be Moved: \_\_\_\_\_

Date Work will Begin: \_\_\_\_\_ Date Work will be Completed: \_\_\_\_\_

Moving Contractor: \_\_\_\_\_ Estimated Cost of Moving: \$ \_\_\_\_\_

Existing Utilities to be Shut Off or Removed: Explain

Public Works (507-934-0670)

Sewer \_\_\_\_\_

Water \_\_\_\_\_

Electricity \_\_\_\_\_

Center Point Energy (800-245-2377) \_\_\_\_\_

Qwest/Hickorytech (507-387-1151) \_\_\_\_\_

**All Utilities and the Police Department MUST be Notified of Moving Route at LEAST Two Days in Advance! List Route on Other Side.**

I hereby declare that I am the owner, or authorized agent of the owner, of the above described property and I agree to move the building herein described in accordance with the regulations and ordinances that govern the moving of buildings within the City of St. Peter and in conformance with State of Minnesota Statutes, the foregoing information contained on this permit is a true and correct statement of my intentions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Recommended for consideration by: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Structures - \$100 + utility crew expense  
Accessory Structures - \$50 + utility crew expense