

Moving Permit Application

City of Alliance
P.O. Box D – 324 Laramie Avenue
Alliance, NE 69301
308-762-5400/ FAX 308-762-7848



Permit #: _____

Date: _____

Structure Owner: _____ Phone #: _____

Address: _____

Moving Company: _____ Phone #: _____

Address: _____

Insurance Provider: _____

Description of Structure: _____ Manufacture Year: _____

Address of Placement: _____ HUD Tag: _____

Property Owner: _____ Phone #: _____

Legal Description: _____

Structure Size: Length _____ Width _____ Height _____

Proposed Date and Time of Move: _____

Anchoring or Foundation System Description: _____

Permit Fee: \$25.00

Payment Method: Cash / Check / Bill Bill To: _____

Notice

The applicant/moving company must submit the following items with this application:

1. The moving company must submit proof of at least \$500,000 Liability Insurance.
2. A site plan and drawings showing the placement of the structure on the lot or tract including distances from the property lines and from any other existing structures, as well as drawings indicating how it will be anchored.
3. Additional permits may be required for foundation/tie down systems, plumbing hookups, gas line installation, etc.
4. A road map showing the proposed route the structure will take.
5. Alliance Municipal Electric System may require a deposit or fee to raise or drop electric lines to accommodate the structure. Any difference between actual costs incurred during the move and the original estimate shall be paid by the applicant before a Certificate of Occupancy will be issued by the City.

The applicant shall be responsible for notifying the following agencies at least 48 hours before moving any structure:

1. Nebraska Department of Transportation and Box Butte County if using their road system.
2. Telecommunication companies.
3. Cable companies.
4. PREMA
5. BNSF Railroad

Phone Numbers: Allo (308) 761-5000, BNSF (308) 762-6000, Century Link (888) 490-4511, Charter (800) 920-6910, Mobius (308) 762-4811, NDOT (308) 763-2947, PREMA (308) 762-1311. (The City works to provide the applicant with the correct number; however, if any contact number does not work, the **applicant** is responsible for ensuring the correct person at each agency is notified)

I hereby acknowledge that I have read this application, that the supplied information is correct, that the work will only be completed as stated, and that I agree to comply with all pertinent City Ordinances. In addition, I understand that any work done beyond that stated above, unless approved by a City Official, will result in the issuance of a Stop Work Order and other enforcement action by the appropriate City Department.

Applicant Signature

Date

City Representative

Date