



TOWN OF MENASHA
 2000 MUNICIPAL DR.
 NEENAH, WI 54956
 BUILDING INSPECTIONS (920) 720-7104

Permit No. _____

Receipt No: _____

MOVING PERMIT APPLICATION

EXISTING LOCATION ADDRESS:	EXISTING LOCATION OWNER'S NAME
PARCEL NO.	OWNER'S ADDRESS
LOT BLOCK	
PLAT	OWNER'S CITY, STATE, ZIP
SECTION , T20N, R17E	

NEW LOCATION ADDRESS:	NEW LOCATION OWNER'S NAME
PARCEL NO.	OWNER'S ADDRESS
LOT BLOCK	
PLAT	OWNER'S CITY, STATE, ZIP
SECTION , T20N, R17E	

BUILDING DETAILS	MATERIAL
USE	MARKET VALUE
CONDITION	SIZE

MOVER	LICENSE NO.
MOVER'S NAME	TELEPHONE
ADDRESS	CITY/STATE/ZIP

ESCROW – INDICATE WHERE ESCROW IS TO BE RETURNED
NAME
ADDRESS
CITY/STATE/ZIP

PERMIT FEE:
 POLICE ESCORT ESCROW: \$200.00
 BOND: _____ \$2000.00
TOTAL TO BE PAID:

This application must be accompanied by the following:

- Town Building Permit Relocation Route Map County Highway Moving Permit
 County Zoning Permit Site Plan of New Location Utility Disconnection Verification

The undersigned agrees to conform with all applicable provisions of the Town of Menasha Municipal Code, Winnebago County Town/County Zoning Ordinance, and the State of Wisconsin.

APPLICANT SIGNATURE: _____ DATE: _____

COMMUNITY DEVELOPMENT DIRECTOR: _____ DATE: _____

BUILDING OFFICIAL: _____ DATE: _____