



**CITY OF PITTSBURG  
MOVING PERMIT  
Application**

All work done within the City of Pittsburg limits must be state licensed (licensed plumber, electrician, etc.).

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

Fee: \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Person Making Request: \_\_\_\_\_

Contact information: \_\_\_\_\_  
(address)

\_\_\_\_\_  
(city) (state) (zip) (phone number)

Name of Mover: \_\_\_\_\_

Contact Information: \_\_\_\_\_  
(address)

\_\_\_\_\_  
(city) (state) (zip) (phone number)

**Bond:** \_\_\_\_\_

Current Location of Structure: \_\_\_\_\_  
(address)

\_\_\_\_\_  
(city) (state) (zip)

Will this structure be located in the City of Pittsburg: Yes No  
(If NO proceed with Section A, if YES proceed to Section B)

Proposed Route:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_



## SECTION B

If the building is to be located in the City of Pittsburg provide the following:

Lot: \_\_\_\_\_ Block: \_\_\_\_\_

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

Type of Structure:

Mobil  
Frame

Home  
Other

HUD Code Manufactured Home

Proposed use of building: \_\_\_\_\_

Plot plan: \_\_\_\_\_ Deed: \_\_\_\_\_

Propose Route:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_

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## SECTION C

To be Completed by Staff.

Zoning of new location: \_\_\_\_\_

Police notified (date/time): \_\_\_\_\_

Building Inspector: \_\_\_\_\_