



# CITY OF PINE BLUFF, ARKANSAS

Department of Inspection & Zoning

200 East 8<sup>th</sup> Avenue, Suite 101

Pine Bluff, Arkansas 71601

Tel: (870) 543-1845

Fax: (870) 543-1844

## Application for Moving a Building/Mobile Home

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

Applicant

(Mover): \_\_\_\_\_

Current License: Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

Applicant Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Building Owner: \_\_\_\_\_ Tel No. \_\_\_\_\_

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

Signature \_\_\_\_\_ Owner or Agent (circle one)

Type of Structure: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

\_\_\_\_\_ Storage Building \_\_\_\_\_ New Trailer?  
\_\_\_\_\_ If not new, list year of construction

Construction Type: \_\_\_\_\_ Wood Frame \_\_\_\_\_ Other (describe) \_\_\_\_\_

Extreme Dimensions: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Present Location: \_\_\_\_\_

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Proposed Location: (Street Number / Lot / Block / Subdivision): \_\_\_\_\_

Zoning Permit No. \_\_\_\_\_

AR State Highway Dept. (AHTD) Permit No. \_\_\_\_\_

Moving Date: \_\_\_\_\_ Approximate time - Start : \_\_\_\_\_ Finish: \_\_\_\_\_

Proposed route: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Street Department Director: \_\_\_\_\_

Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Inspection & Zoning Department Representative: \_\_\_\_\_

Building Permit No. \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_