

Submittal Date: _____ Date Accepted as Complete: _____

\$250.00 Fee Paid on _____ via _____ Cash _____ CC _____ Check # _____ R# _____
Planning Approval: Yes ___ No ___ Date _____

Conditions of Approval: _____



MOVING PERMIT APPLICATION

PLANNING DEPARTMENT

200 Municipal Dr. ♦ PO Box 208 ♦ Centerton, AR 72719
PH (479)795-2750 ♦ FAX (479)795-2545 ♦ planning@centertonar.us

PROPERTY TO BE MOVED

Location of Building or Structure _____

Description of Building or Structure to be moved _____

Proposed location of Building or Structure _____

***Please include photographs of the building or structure to be moved and photographs of the buildings or structures on the properties contiguous to the premises onto which the building or structure is to be moved.

* Include photo of HUD plate, moving company name and bonding information, year model of manufactured home

Fill out the applicable sections of this form. Supply all necessary information and documentation to support your request.

GENERAL INFORMATION

Applicant: _____
Address: _____

Day Phone: _____
Fax #: _____

Representative: _____
Address: _____

Day Phone: _____
Fax #: _____

Property Owner(s): _____
Address: _____

Day Phone: _____
Fax #: _____

APPLICANT / REPRESENTATIVE: I certify under penalty of perjury that the foregoing statements and answers herein made, all data, information and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that submittal of incomplete, incorrect or false information is grounds for invalidation of the application. I understand that the City may not approve my application or may set conditions on approval.

Date: _____

PROPERTY OWNER / AUTHORIZED AGENT: I certify under penalty of perjury that I am the owner of the property that is the subject of this application and that I have read this application and consent to its filing. (If signed by the authorized agent, a letter from the property owner must be provided indicating that the agent is authorized to act on his/her behalf.)

Date: _____