



CITY ASSIGNED JOB NUMBER:

225 Fifth Street
Springfield, OR 97477

CITY OF SPRINGFIELD
BUILDING MOVING PERMIT
DPW- Current Development Division

Fax 541-726-3676
Phone 541-726-3753

Structure Being Moved From: _____ City: _____

Lane County Reference Number: _____ Tax Lot Number: _____

Structure Being Moved To: _____

Lane County Reference Number: _____ Tax Lot Number: _____

Building Owner: _____ Phone Number: _____

Mailing Address: _____ Cell Phone Number: _____

City: _____ State: _____ Zip: _____

Moving Contractor: _____ Phone Number: _____

Construction Contractors Registration Number: _____ Expires: _____

Mailing Address: _____ Cell Phone Number: _____

City: _____ State: _____ Zip: _____

Plumbing Contractor: _____ Phone Number: _____

Construction Contractors Registration Number: _____ Expires: _____

Description of Building to be Moved:

Square Footage: _____ Moving Length: _____ Moving Width: _____

Height on Dolly: _____ # of Sections Being Moved: _____ Type of Constr: _____

Square Footage: _____ Living Units: _____ Value of Structure(s): _____

Proposed Date of Move: _____ Beginning at: _____ am/pm

Completion Date of Move: _____ Ending at: _____ am/pm

Description of Proposed Route (**Please attach map with route outlined with directional arrows**):

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Structure Moving Permit

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NOTIFICATION OF MOVE: The Community Services Division will route copies of this application to all appropriate divisions, departments and agencies. However, the applicant must contact property owners if trees are involved in the proposed move. In addition, the applicant must secure the approval of all appropriate municipal, county and state authorities should the move originate or terminate outside the City of Springfield, or along any street owned by the state or the county within the City's boundaries.

PLANS, FEES, AND CHARGES: Prior to receiving a permit to move a building into the City of Springfield, the applicant or their representative shall:

- Submit two (2) copies of site or plot plan for new site.
- Submit two (2) copies of the foundation plan for the relocated building
- All applicable permit and system development fees shall be paid prior to any moved
- Any applicable permits and inspections for sanitary sewer cap or septic pump and fill

By my signature below, I certify that the above information is true and correct, that all required contacts have been made and authorizations obtained. I also understand that the minimum time to process this permit, because of the number of agencies notified by the City of Springfield, is seven (7) working days.

Signature: _____ Date: _____

- FOR OFFICE USE/REVIEW ONLY -

Community Services Division Report: _____

Foundation/Site Plan Submitted? _____ Approved? _____ Foundation Permit Number: _____

Moving Permit Approved By: _____ Date: _____

Engineering Division Report: Owner(s) AND Contractor(s) are both responsible for any damages to private or public property.

Moving Permit Approved By: _____ Date: _____

Traffic Division Report: Contractor is responsible for a safe, efficient relocation operation. All signal systems shall be monitored to ensure they are functioning properly. Any damage to or malfunctions of the traffic signal system shall be reported immediately to Signal Technician, at 343-4902 or Gene Butterfield, Maintenance Supervisor, at 998-3667.

Moving Permit Approved By: _____ Date: _____

Historical Report: _____

Moving Permit Approved By: _____ Date: _____

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Required Inspections: An inspection of the property is required at the following indicated stages of this project.

Septic Tank Pumped and Filled

A Certificate from a bonded/
registered contractor will meet
this inspection requirement.

Sanitary Sewer Capped

Capped within five (5)
of the property line with
approved materials.

Final Move

To be made once structure has been
moved from site and all debris has been
removed.

To request an inspection, please call 726-3769. Inspections called in before 7 am will be made the same working day, inspections called in after 7 am will be made the following working day. Please leave your City designated job number, job address, type of inspection and when you will be ready for inspection.

Zone: _____ Flood Plain: _____ Type of Constr: _____ Occy Group: _____

Moving Permit	\$ 394.00
• 10% Administrative Fee	\$ 39.40
Sanitary Sewer Cap/Septic Pump and Fill (if applicable)	\$ 99.00
• 12% State Surcharge	\$ 11.88
• 5% Technology Fee	\$ 4.95
	<hr/>
Possible Subtotal	\$ 549.23
_____	\$ _____
_____	\$ _____
	<hr/>
TOTAL	\$ _____

(if property does not need the sanitary sewer capped or the septic tank pumped and filled, deduct applicable permit fee)

Date Paid: _____ Receipt Number: _____ By: _____