City of Marshall



Zip Code: _____

323 West Michigan Avenue - Marshall, MI 49068-1578 - Phone (269) 781-5183 - FAX (269) 781-3835

City and State: _____

§150.099 of the Marshall City Code of Ordinances requires that a permit be obtained through the City to move a structure. The information requested in the following application is necessary for the City of Marshall to assist you with your project. Please complete this form and return to the City Clerk. The application will be reviewed by City Staff, noticed appropriately to neighbors along the moving route, and presented to City Council for final approval.

The property from which the structure to be moved is currently owned by: Home Phone: Name Address: Business Phone: Zip Code: _____ City and State: _____ Owner of structure if different than above: Home Phone: Business Phone: Address: Zip Code: _____ City and State: The structure is being moved to: Parcel #: Address: Township/City: Home Phone: This property is owned by: Address: _____ Business Phone: City and State: Zip Code: _____ The structure will be moved by: Contact: Company: Phone:

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Date of move:	
Building width at widest point (on moving equ	ipment):
Building height at highest point (on moving eq	uipment):
A detailed proposed route has been atta	sched. If other routes are being considered, please attach.
	ble for all costs associated with the application review, the permit and which may be set by City Council. Costs could include but
 Removal and installation of street signs Disconnection and connection of utility Securing future site from time of excav 	eplacement of trees in the City's Right-Of-Way solutions and services ration to relocation of structure on new foundation ling of original site from time building is moved until the site is review
Signed	Home Phone:
Address:	Business Phone: