



City of St. Peter, Minnesota

Application for Moving Permit

Permit No. MV ____ - _____

Name: _____

Address of Building
Present Location: _____

Relocation Site: _____

*** A site plan is required if building is being replaced with in the city limits.**

Type/Size of Building to be Moved: _____

Date Work will Begin: _____ Date Work will be Completed: _____

Moving Contractor: _____

Existing Utilities to be Shut Off or Removed: Explain

Public Works (507-934-0670)

Sewer _____

Water _____

Electricity _____

Center Point Energy (800-245-2377) _____

Qwest/Hickorytech (507-387-1151) _____

All Utilities and the Police Department MUST be Notified of Moving Route at LEAST Two Days in Advance! List Route on Other Side.

I hereby declare that I am the owner, or authorized agent of the owner, of the above described property and I agree to move the building herein described in accordance with the regulations and ordinances that govern the moving of buildings within the City of St. Peter and in conformance with State of Minnesota Statutes, the foregoing information contained on this permit is a true and correct statement of my intentions.

Signed: _____ Date: _____

Permit Fee: \$ _____ Receipt #: _____ Date Paid: _____

Primary Structures - \$100 + utility crew expense
Accessory Structures - \$50 + utility crew expense

Building Official Approval

Date

Zoning Administrator Approval

Date