



**CITY OF MARIANNA
MUNICIPAL DEVELOPMENT DEPARTMENT**

Post Office Box 936
Marianna, FL 32447
(850) 482-2786

Housemoving Permit Application

Date_____

COMPANY:

Name_____

Address_____

City, State_____

Phone_____

Company Representative_____

PROPERTY OWNER:

Name_____

Address_____

City, State_____

Phone_____

Bond (minimum \$10,000):

Name of Surety_____

Address_____

Amount_____

(Attach copy showing City of Marianna as beneficiary.)

Present address/physical location of the structure_____

Proposed address/physical location of the structure_____

Route_____

Structure to be moved on (Date)_____ beginning at (time)_____.

Estimated duration of move in hours_____

Signature of Company Representative

Date

Signature of Property Owner

Date

APPROVAL/ENDORSEMENTS:

SIGNATURE

DATE

1. City of Marianna Planning & Zoning Department:

2. City of Marianna Police Department
(Route reviewed and approved by)

3. Florida Public Utilities
(Route reviewed and approved by)

4. Local Phone Company
(Route reviewed and approved by)

5. Comcast Cable Television
(Route reviewed and approved by)

6. Endorsements attached, if applicable:
a. Florida Department of Transportation
b. Jackson County Road Department

Reviewed and approved for permit this date _____ by _____ City Manager, City of Marianna. Permit granted this date _____, to move said structure upon City streets as specified on attached application. This permit is only valid for date and time specified on attached application. If not used, applicant must reapply prior to moving structure.

City Clerk, City of Marianna