Relocation of a Structure

Permit Application:

Signature of Applicant

City of Auburn, Department of Building, Planning & Development

210 South Cedar Street, P.O. Box 506 Auburn, IN 46706-0506 Phone: 260-925-6449 ext. 1200 Fax: 260-925-8239 <u>E-Mail: bpd@ci.auburn.in.us</u>

Date

Building, Flamming & Development								
Permit #				<u>OFFI</u>	CE USE:			
Received By:	Date:			Approved By:		Date:		
Total Fees:							Cash:	
	Ψ	recoupt #					Oddii	
Issued By:					Date:			
Applicant:	Name:			APPLIC	ANT USE:	Phone:		
	Street:					Fax:		
	City:	State:	Zip Code:		E-Mail:			
Owner:	Name:			Same As App	licant? Yes / No	Phone:		
	Street:					Fax:		
	City:	State:	Zip Code:		E-Mail:			
Present Location:	Address of Construction:							
	Lot:	Subdivision:					Section:	
	Address of Construction:							
Proposed								
Location:	Lot:	Subdivision:					Section:	
Description of Work to			Duplex Multi-Family			Commercial	Industrial	
	Circle all that Apply	Single Family Primary		Duplex		•		
	Describe the work and the route			Accessory				Temporary
be								
Completed:								
Estimated:	Start Date:			Completion Date:				
in the amount of one-tho shall show either: the ac	provide either a corporate surey by busand dollars (\$1,000), payable to ddress and desription of the work or provide prrof of insurance coverag	o the City of Aubu to be done; or "an	rn Board of Publ y and all purpose	ic Works and Safety. Thes."	e bond or letter must be val			
along with City of Aubur	OUND UTILITIES - contact the Inc n (sanitary sewer, storm sewer, w	ater services and	electric services.) Call at least three (3)	working days before you beg	gin excavation	n, trenching, digging, boring or	
Indiana Underground Plant Protection Service (other utility locations) DeKalb Central Schools Bus Garage (for any street closing)				800-382-5544 260-927-1327	Date Contacted: Date Contacted:			
Street Department	-			260-925-6455	Date Contacted: Name:			
Police Department Fire Department				260-920-3200 260-925-8255	Date Contacted: Name: Date Contacted: Name:			
Water Department				260-925-5711	Date Contacted: Name:			
Water Pollution Control Department				260-925-1714	Date Contacted: Name:			
Electric Department				260-925-8232	Date Contacted:	Date Contacted: Name:		
the terms of this application	tractor on the above-described projects. I agree to indemnify and hold had cessary barriers and warning device	mless the City of A	uburn and its emp	loyees for any loss, liability	or damage that may result or	accrue from or	because of my negligence; in pe	

Printed Name