



## RELOCATION PERMIT

Department of Building, Planning, & Development

210 S Cedar St PO Box 506 Auburn IN 46706 | 260.925.6449 | 260.920.3342 fax | bpd@ci.auburn.in.us

### APPLICANT/PROPERTY OWNER INFORMATION

<b>Applicant*</b>	Name	
	Address	
	Phone / Email	
<b>Owner of Structure to be Moved</b>	Name	

\*Shall be person or company moving the structure

### PROJECT LOCATION

<b>Current Address</b>		
<b>Subdivision, Lot</b>		
<b>Township</b>		DeKalb County
<b>New Address</b>		
<b>Subdivision, Lot</b>		
<b>Township</b>		DeKalb County

### STRUCTURE INFORMATION

<b>Dimensions</b>	Length:		ft	Width:		ft	Height:		ft	Weight:		lbs
<b>Type of Structure</b>												

### ROUTE INFORMATION

<b>Route</b> <i>(include streets, turns, obstacles along route, and attach additional pages if necessary)</i>	
<b>Transport Contractor</b>	
<b>Means of Transport</b>	
<b>Start Date</b>	<b>Duration of Move</b>

Per Section 95.03 of the City of Auburn Code of Ordinance, the following information is required:

- ☐ Corporate Surety Bond issued by an insurance company licensed to bond in the State of Indiana, or an irrevocable letter of credit issued by an insured financial institution. Either form shall comply with the following:
  - Be in the amount of \$1,000, payable to city Board of Public Works and Safety
  - Be valid for a term of not less than the time required to complete the work
  - Provide address and description of work, or the statement "any and all purposes"
- ☐ Proof of insurance coverage for the person(s) who will be performing the work, for not less than \$100,000 property damage and \$50,000 personal injury.

----SEE OTHER SIDE ----



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### CONTACT INFORMATION

The parties listed below shall be notified of the structure relocation at least 48 hours before the move is to begin.

- |  |
|--|
| <input type="checkbox"/> Indiana 811 - 811 or 1-800-382-5544 or visit <a href="http://www.indiana811.org">www.indiana811.org</a> |
| <input type="checkbox"/> City Street Dept – 260 925-6455   |
| <input type="checkbox"/> City Engineering Dept – 260 925-8264  |
| <input type="checkbox"/> Central Dispatch – 260 333-7911   |
| <input type="checkbox"/> DeKalb County Central Community Schools Bus Management Office – 260 920-1171                            |
| <input type="checkbox"/> DeKalb County Highway Dept – 260 925-1864   |
| <input type="checkbox"/> INDOT – 260-969-8255  |
| <input type="checkbox"/> Indiana State Police – 1-800-552-0976   |
| <input type="checkbox"/> CSX Transportation – 260 357-3900   |
| <input type="checkbox"/> City Port Authority – John Mohre – 260 908-0754   |

### SIGNATURE

I am the authorized agent of the owner of the structure to be moved. I understand the Relocation Permit is valid for 60 days. I certify that any construction, reconstruction, relocation, or alteration of a structure, or any change in the use of land or structures requested by or resulting from this relocation will comply with all applicable laws of the State of Indiana and the Unified Development Ordinance of the City Auburn. The information provided in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Rec'd By/Date		Total Fees	\$
Zoning/Overlay of Destination		Receipt #	
Flood District of Destination	No      FW      FF	Cash/Check/Credit	
Insurance Certificate Expiration		Issued by/Date	
Relocation Permit Number			