

Permit No. _____

BUILDING MOVING PERMIT

CITY OF MONROEVILLE

125 East Claiborne Street

Monroeville, AL 36460

Phone No. 251-575-5511 Fax No. 251-743-3547

Owner: _____

Address: _____

Parcel No.: _____

Type of building: _____

Number of building segments to be moved: _____

Contractor or mover: _____

Police Dept: (traffic route coordinated) 251 575-3246 _____

Electric Utilities: 251 743-5332 _____

Telephone Utilities 251-368 9678 _____

Permit fee: _____

Date of move: _____

Date of permit: _____

Applicant's Signature: _____

Building Official: _____

NOTE: Traffic Route must be coordinated with police department and all utility companies affected along the route.