

Public Works

 CMU

Police Chief

City Administrator

X

X

X

X

City of Cascade

320 1st Ave W PO Box 400 Cascade, IA 52033 Phone (563) 852-3114 Fax (563) 852-7554

APPLICATION FOR HOUSE MOVING PERMIT AND HOUSE MOVING PERMIT

Iowa D.O.T. Permit Required	Yes	No
If Yes. Permit No.		

Complete Section A and deliver to: City Hall, 320 1st Ave W Cascade, IA OR email to admin@citycascade.com

A. APPLICATION: The undersigned hereby applies for a House Moving Permit and states as follows:									
Company Name					Telephone #				
Address					Fax #				
City, State, Zip					E-Mail				
Building/structure being moved			•						
Required:	The applicant must have satisfied all City Code requirements in accordant Bond: No. Proof of Liabil			·					
Origin Building Location				Dest	ination Building Location				
Date to be moved					Time of Day				
Loaded Height		Loaded Width		L	oaded Length	Gros		Neight	
Tractor Make				Lic	ense Number				
Trailer				Lic	ense Number				
Axle Loads					No. of Axles				
Escort Required		Yes	No						
Route to be traveled:									
The applicant hereby states that all the statements set out herein are true and correct and agrees to comply with all ordinances of the CITY OF CASCADE, IOWA and the weight limits as required by the State of lowa. The applicant further agrees that no property shall be interfered with, except with the written consent of the owner, and agrees to report any damage done to the CITY OF CASCADE IOWA.									
The applicant assumes and agrees to pay all loss and damage to any property whatsoever, and injury or death to any person or persons whomsoever, including all costs and expenses incident thereto, however arising from and in connection with the move described in this application, or the failure of applicant or officers, agents, or employees of applicant to abide by or comply with any of the terms and conditions of the application, and the applicant forever indemnifies the CITY OF CASCADE, IOWA against and agrees to save it harmless from any and all claims, demands, lawsuits, or liability for any such loss, damage, injury or death, costs or expenses, even though the CITY OF CASCADE, IOWA, may have caused or contributed thereto.									
Signed at CASCADE, Iowa		Applicant Name (Signature) X							
on this day of	·		20	Applicant Name (Printed)					
B. CLEARANCES & CONSENTS (WHERE REQUIRED)									