Development Services Division
620 SE Madison, Unit 6
Topeka, Ks, 66607
Phone: (785) 368-3704
Fax: (785) 368-1650

MOVING PERMIT APPLICATION

DATE: _____

Development Services – Application #: _____ Permit fee: $_____

Current Location of Structure to be moved: _____

Structure to be move to: _____

( ) In City ( ) Out of the City

Name of Moving Company: _____

Contact / Phone: _____ (_____)_____ - _____

Address: _____

Fax / Email: (_____) ____ - _____ / _____

Owner of property to be moved / Phone: _____ (_____)_____ - _____

Address: _____

Is the property currently or will it be moved to a location on the register of historic places?

( ) No / ( ) Yes - ( ) From and/or ( ) To

The structure is currently connected to:

( ) City Sewer

( )Septic tank - has Health Dept. been notified:

( ) Yes

( ) No

NOTE: Capping of City sewer must be inspected - call either (785) 368-3842 or (785) 368-3971.

Development Services	Approve: _____	Date: _____	Disapprove: _____	Date: _____
Engineering	Approve: _____	Date: _____	Disapprove: _____	Date: _____
Water	Approve: _____	Date: _____	Disapprove: _____	Date: _____
Traffic	Approve: _____	Date: _____	Disapprove: _____	Date: _____
Forestry	Approve: _____	Date: _____	Disapprove: _____	Date: _____
Police	Approve: _____	Date: _____	Disapprove: _____	Date: _____
Fire	Approve: _____	Date: _____	Disapprove: _____	Date: _____
Westar	Approve: _____	Date: _____	Disapprove: _____	Date: _____
Cox Communications	Approve: _____	Date: _____	Disapprove: _____	Date: _____
KMS	Approve: _____	Date: _____	Disapprove: _____	Date: _____
SBC	Approve: _____	Date: _____	Disapprove: _____	Date: _____
Historical Society	Approve: _____	Date: _____	Disapprove: _____	Date: _____
I.T. Department	Approve: _____	Date: _____	Disapprove: _____	Date: _____

Comments: _____

_____