

133 W. 8th St.
PO Box 112
Russell, KS 67665
Phone: 785-483-6311
Fax: 785-483-4397



Date: _____

MOVING PERMIT APPLICATION

Return the completed application to the City of Russell,
in care of the Building, Planning & Zoning Department.

OWNER OF STRUCTURE

Full Name:	
Address:	
Phone:	Alternate Phone:
Email (Optional):	

STRUCTURE MOVER INFORMATION

Full Name:	
Address:	
Phone:	Alternate Phone:
Email (Optional):	

STRUCTURE INFORMATION

Proposed Move Date:		Proposed Time and Estimated duration:	
Height:	Length:	Width:	Estimated Weight:
Beginning Location:			
Ending Location:			

DESCRIBE ROUTE THROUGH RUSSELL COUNTY AND ANY POLES, WIRES, TREES, SIGNS AND OTHER OBSTRUCTIONS (ATTACH MAP OF ROUTE THROUGH RUSSELL COUNTY):

<p>Please notify the Building, Planning, & Zoning Department of any changes with the route, postponement, or cancelation at least 48 hours ahead of time.</p>
