



City of McCook
505 West C Street * PO Box 1059
McCook, NE 69001
(308) 345-2022 * Fax (308) 345-1461
www.cityofmccook.com

Building Moving Application

Reviewed by Staff _____
Hearing Held _____
Reviewed by Council _____
Application Granted _____ Denied _____
Building Permit No. _____
Signed: _____

Applicant:

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

Current Building Location: (Address) _____

(Legal Description) _____

Proposed Location: (Address) _____

(Legal Description) _____

Current Use of Building: _____ Estimated Age of Building: _____

Do you currently own this Building? Yes No

If not, current owner: _____

Do you currently own the Proposed Lot? Yes No

If not, current owner: _____

Moving Contractor:

Business name: _____ Address: _____

City/State/Zip: _____ Phone: _____

Is Contractor licensed? Yes No

Have they moved structures in McCook before? Yes No

Describe the route by which the building will be moved: _____

Will power lines need to be moved? Yes No

Will telephone lines need to be moved? Yes No

Will CATV lines need to be moved? Yes No

Will tree limbs need to be cut? Yes No

Will lawns or shrubs be affected? Yes No

What is the total estimated cost of the move, including moving, repairs, remodeling, temporary utility relocations, site improvements, etc. \$ _____

Does application comply with the City Code and Council policies (see back)? Yes No

If not, state exceptions _____

TERMITE INSPECTION

You are required to have the building inspected for termites as a part of this application. Please attach a copy of the report.

BUILDING INSPECTOR'S REPORT

Each building to be moved shall be inspected by the City's Building Inspector as a part of this application. A copy of the report must be attached.

PICTURES OF STRUCTURE

Take pictures (must be current) of the front, side and rear of the building and attach.

PICTURES OF NEW LOCATION

Take pictures (must be current) of the lot and adjacent structures to which the building is to be moved.

Please estimate and itemize the cost of all repairs and improvements to be made to the structure at its proposed new location.

<u>ITEM</u>	<u>COST</u>
EXTERIOR: _____	_____
_____	_____
_____	_____
_____	_____
INTERIOR: _____	_____
_____	_____
_____	_____
_____	_____
ELECTRICAL: _____	_____
_____	_____
_____	_____
_____	_____
PLUMBING: _____	_____
_____	_____
_____	_____
_____	_____
SITE WORK: _____	_____
_____	_____
_____	_____
_____	_____
TOTAL ESTIMATE	\$ _____