



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

Structure Moving Application

Reviewed by Staff _____

Hearing Held _____

Reviewed by Council _____

Application Granted _____ Denied _____

Building Permit No. _____

Signed: _____

Permit Fee: \$100.00

Applicant Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email address: _____

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 Information

Business name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email address: _____

Is the Contractor licensed? 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

Total estimated cost of the move; include moving, repairs, remodeling, temporary utility relocations, site improvements, etc. \$ _____

Does application comply with the City Code and Council policies? Yes No

If not, state exceptions: _____

TERMITES 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 INSPECTION REPORT

Each building to be moved shall be inspected by a Certified 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		\$ _____