



**APPLICATION TO MOVE BUILDING**  
**City of Zeeland**

**Community Development Department**  
 21 S ELM ST - ZEELAND, MI 49464  
 Phone 616-772-0872 - Fax 616-772-0880  
 buildinginspector@cityofzeeland.com  
 www.cityofzeeland.com

The City of Zeeland will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

**1. BUILDING INFORMATION**

Current address of building to be moved			
Property Owner		Phone	
Owner's Address	City	State	Zip
Email			

**2. LICENSED MOVER INFORMATION**

Name or business name		Contact	
Address	City	State	Zip
Phone	Email		

**3. RELOCATION INFORMATION**

Relocation Address	City or Township
Type of building, size and condition	
Moving route	

**4. APPLICANT SIGNATURE**

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND STATES MY PURPOSE IN REQUESTING THIS PERMIT, AND THAT UPON APPROVAL OF THIS PERMIT, I WILL CONFORM WITH ALL DUTIES IMPOSED UPON ME BY ARTICLE 8 OF CHAPTER 10 OF VOLUME 1 OF THE ZEELAND CITY CODE.
SIGNATURE OF APPLICANT: _____ Date: _____

**5. CITY CLERK AUTHORIZATION**

_____ Fee paid \$ _____
_____ Copy of Zeeland City Code Volume I Chapter 10 Article 8 as amended given to applicant
_____ Surety bond in the amount of \$1,000 filed with the City Clerk
_____ Evidence of public liability (\$50,000 to \$200,000) and property damage (\$50,000 to \$100,000) filed with the City Clerk
_____ City Clerk <span style="float: right;">Date</span>

**6. AUTHORIZATIONS**

**City Manager**

The undersigned has reviewed the application and authorizes the issuance of the permit. Comments:

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\_\_\_\_\_  
City Manager \_\_\_\_\_  
Date

**ZBPW General Manager**

The undersigned has reviewed the application and authorizes the issuance of the permit. Comments:

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\_\_\_\_\_  
ZBPW General Manager \_\_\_\_\_  
Date

**Police Chief**

The undersigned has reviewed the application and authorizes the issuance of the permit. Comments:

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\_\_\_\_\_  
Police Chief \_\_\_\_\_  
Date

**Building Official**

The undersigned has reviewed the application and authorizes the issuance of the permit. Comments:

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\_\_\_\_\_  
Building Official \_\_\_\_\_  
Date

**Applicant**

APPLICANT CERTIFIES THAT HE/SHE AGREES AND ACCEPTS THE CONDITIONS MADE BY ALL THE CITY DEPARTMENTS PRIOR TO THE STRUCTURE BEING MOVED:

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

**City Council**

Approved by the City Council on \_\_\_\_\_ Subject to \_\_\_\_\_

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Note: Police Department should be notified as soon as possible as to the date and time structure is to be moved: 616-772-9125.