



**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 _____	Date _____

## 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.**