

CITY OF SUMAS

433 Cherry Street/PO Box 9, Sumas, WA 98295

P: (360) 988-5711 F: (360) 988-8855

Structure Relocation Permit Application

The undersigned hereby makes application for a permit to relocate a structure when either the original site or the new site are located within the Sumas City Limits. The work to be performed is described below and in attachments hereto. The undersigned agrees that all work shall be done in accordance with the requirements of Chapter 14.22 of the Sumas Municipal Code, Section 19.27.180 of the Revised Code of Washington and all other State and Federal requirements.

Property Owner Name: _____

Applicant Name: _____ Same as Property Owner

Mailing Address: _____

Email Address: _____

Phone Number: _____

Address of Original Site: _____

Primary Use of Structure: Residential Commercial Industrial

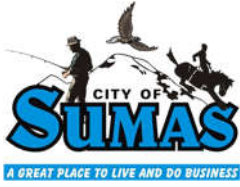
Other: _____

Address of New Site: _____

Structure Square Footage: _____ Number of Stories: _____

Number of Bedrooms: _____ Number of Bathrooms: _____

Square Footage of Lot Located in Sumas: _____ Year Built: _____



CITY OF SUMAS

433 Cherry Street/PO Box 9, Sumas, WA 98295

P: (360) 988-5711 F: (360) 988-8855

Contracted Moving Firm: _____

Washington State Business License #: _____ Expiration Date: _____

Business Address: _____

Qualifications Example: _____

Relocation Start Date: _____ Relocation End Date: _____

Estimated Time of Full Relocation: _____

Estimated Distance of Full Relocation (Miles): _____

Dimensions of Structure as Transported (Feet): _____

Number of Structure Segments to be Transported: _____

Cost of Transport (USD): \$ _____

Other County, State, Federal Permits Required: _____

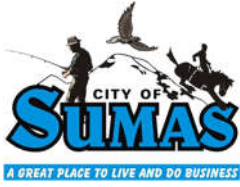
Estimated Route of Transport while in Sumas (Streets): _____

Proposed Street(s) to be Closed During Transport (Include Time Estimates for Each Closure):

Who will provide Transportation Safety Personnel and Tools (Required):

Contracted Moving Firm Property Owner Other: _____

Estimated Number of Transportation Safety Personnel: _____



CITY OF SUMAS

433 Cherry Street/PO Box 9, Sumas, WA 98295

P: (360) 988-5711 F: (360) 988-8855

Estimated Inventory of Transportation Safety Tools Provided (Including Quantities) (Ex: Barricades, Lights, Flares, Flags, etc.): _____

Estimated Cost of Safety Tools and Personnel (USD): \$_____

****Route Map through Sumas must be attached with application.***

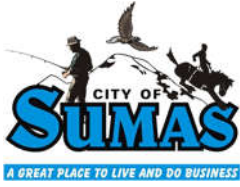
Declaration:

I (we) the undersigned declare under penalty of perjury that:

- a. The Sumas property or properties affected by this application are exclusively owned by the applicant(s) or have been submitted with the consent of all owners of the affected property or properties;
- b. The project permit application materials contain no know misrepresentation of fact or proposed action or design that, if completed would result in a structure, improvement, lot, or condition in violation of the Sumas Municipal Code;

Signature of Applicant(s):

Date of Submittal: _____



CITY OF SUMAS

433 Cherry Street/PO Box 9, Sumas, WA 98295

P: (360) 988-5711 F: (360) 988-8855

(Office Staff Use Only)

I hereby certify that, upon consultation with all relevant City departments and officials, that the above application is complete in accordance with Chapter 14.22 SMC and that this application meets the satisfaction of all undersigned officials. I also certify that the application for the relocation of structure to, from, or within Sumas is hereby:

Approved Denied

Conditions (If Applicable): _____

(Public Works Director Signature)

(Date)

(Police Chief Signature)

(Date)