

**CITY OF LUDINGTON  
BUILDING AND ZONING  
400 S HARRISON ST LUDINGTON, MI 49431  
PHONE: (231)843-2956 FAX: (231-845-1146)**

**APPLICATION TO MOVE A STRUCTURE**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Company \_\_\_\_\_ Phone No. \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_

Type of Structure to be Moved: \_\_\_\_\_

Dimensions: \_\_\_\_\_ (length) x \_\_\_\_\_ (width) x \_\_\_\_\_ (ht)

Date of Move \_\_\_\_\_

Moving Structure From: \_\_\_\_\_ To: \_\_\_\_\_

Route: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval:

Building Inspector \_\_\_\_\_ City Manager \_\_\_\_\_

Police Chief: \_\_\_\_\_ DPW Manager \_\_\_\_\_

Comments:

\*\*\*\*\*

For Office Use Only: \_\_\_\_\_ Fee Pd \_\_\_\_\_ Certification of Insurance

\_\_\_\_\_ Bond Requirement \_\_\_\_\_ Route Map \_\_\_\_\_ Utilities Contacted