



CITY OF WARRENSBURG
 102 S HOLDEN ST
 WARRENSBURG, MO 64093
 PHONE: 660-747-9135
 FAX: 660-747-2349
 www.warrensburg-mo.com

STRUCTURE MOVING PERMIT APPLICATION

Value of Structure \$ _____

Date: _____ Permit # _____ Date of Move: _____

Owner's Name: _____ Phone No.: _____

Address: _____

General Contractor/Moving Co: _____

Address of Company: _____

Telephone No.: _____ Business License No.: _____

Current Location of Structure: _____

New Street Address: _____ Zoning District _____

Lot Size Length: _____ Width: _____

Legal Description Subdivision: _____ Lot No.: _____
 (Attach legal description if not a platted subdivision.)

Type of Structure: Mobile Home: _____ Commercial: _____
 House: _____ Other: _____

Dimensions: No. of Stories: _____ Length: _____ Width: _____ Height: _____

Foundation: Basement _____ Pad: _____ Crawl Space: _____ Footings Depth: _____
 (Separate permit required for foundation. Foundation must be prepared before moving of structure.)

Available Utilities: Electric: _____ Water: _____ Gas: _____ Sewer: _____

Travel Route: _____ (map may be attached)

MODOT Permit: _____ (copy must be attached) Bond: _____ (copy must be attached)

Utility Disconnect Form: _____ (copy must be attached if applicable)

Submit two copies of Site Plan with application. Site Plan to show lot size to scale, driveway & sidewalk location, drainage, setbacks for the front, rear & sides of property, easements and location of utilities.

Liability Insurance: _____ (copy must be attached) **Sewer Cap Fee:** _____ **Building Fee:** _____
Total Permit Fee: _____

APPROVALS:

BUILDING OFFICIAL: _____ DATE: _____

CITY PLANNER: _____ DATE: _____

PUBLIC WORKS: _____ DATE: _____

FIRE CHIEF: _____ DATE: _____

POLICE CHIEF: _____ DATE: _____



UTILITIES DISCONNECT FORM

PROJECT LOCATION: _____

The adopted building code, **2006 International Building Code**, Section 3303.6, states: Utility connections. Service utility connections shall be discontinued and capped in accordance with the approved rules and the requirements of the authority have jurisdiction.

UTILITIES DISCONNECTS:

Signatures are required from all utility companies listed below.

KCP&L (ph# 888-471-5275): _____
720 E. Young St., Warrensburg, MO 64093

MISSOURI GAS ENERGY (ph# 800-582-1234): _____
1530 Corporate Dr., Warrensburg, MO 64093

MISSOURI AMERICAN WATER (ph# 660-747-3191): _____
1705 Montserrat Park Rd., Warrensburg, MO 64093

CENTURYLINK (TELEPHONE) (ph# 800-788-3500): _____
213 E. Market St., Warrensburg, MO 64093

CHARTER CABLE (ph# 877-728-3121): _____
609 E. Young St. Ste A11, Santa Fe Shopping Center, Warrensburg, MO 64093

CITY OF WARRENSBURG SEWER CAP INSPECTION: _____
Public Works (ph# 660-262-4421) 102 S. Holden St., Warrensburg, MO 64093

The sanitary sewer service connection must be CAPPED at the property line with concrete. An inspection is required before permit can be issued.

PERMIT APPLICANT/AGENT SIGNATURE:

Permit applicant/agent required to sign below.

I have made contact with all of the necessary utility companies and have their **signature/approval** confirming that all utilities have been disconnected. I am applying for a permit to demolish or remove the structure at _____.

Applicant/Agent Signature: _____ **Date:** _____