

# CITY OF WEST LIBERTY

409 N. Calhoun Street  
West Liberty, Iowa 52776

## House/Building Moving Permit

Issued to:

Moving Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

This permit is issued to \_\_\_\_\_ for the purpose  
of moving:

\_\_\_\_\_  
*(See attached application for specifications)*

**It shall be the responsibility of the mover to notify all utility companies.**

A **CERTIFICATE OF INSURANCE** is required by City Code Title 3-4-2. The applicant shall show evidence that he/they are insured for not less than one million dollars (\$1,000,000) for personal injuries and one million dollars (\$1,000,000) property damage.

\_\_\_\_\_  
Signature of Applicant

Fees Collected:

\$ \_\_\_\_\_

Surety Bond Filed (\$2500) \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
City Manager/Clerk or City Representative

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