



CITY ASSIGNED JOB NUMBER:  
\_\_\_\_\_

225 Fifth Street  
Springfield, OR 97477

CITY OF SPRINGFIELD  
BUILDING MOVING PERMIT  
COMMUNITY SERVICES DIVISION

Fax 541-726-3676  
Phone 541-726-3753

Structure Being Moved From: \_\_\_\_\_ City: \_\_\_\_\_

Lane County Reference Number: \_\_\_\_\_ Tax Lot Number: \_\_\_\_\_

Structure Being Moved To: \_\_\_\_\_

Lane County Reference Number: \_\_\_\_\_ Tax Lot Number: \_\_\_\_\_

Building Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Moving Contractor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Construction Contractors Registration Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Construction Contractors Registration Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Description of Building to be Moved:

Square Footage: \_\_\_\_\_ Moving Length: \_\_\_\_\_ Moving Width: \_\_\_\_\_

Height on Dolly: \_\_\_\_\_ # of Sections Being Moved: \_\_\_\_\_ Type of Constr: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Living Units: \_\_\_\_\_ Value of Structure(s): \_\_\_\_\_

Proposed Date of Move: \_\_\_\_\_ Beginning at: \_\_\_\_\_ am/pm

Completion Date of Move: \_\_\_\_\_ Ending at: \_\_\_\_\_ am/pm

Description of Proposed Route (**Please attach map with route outlined with directional arrows**):

\_\_\_\_\_  
\_\_\_\_\_

Job Number \_\_\_\_\_

Structure Moving Permit

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**NOTIFICATION OF MOVE:** The Community Services Division will route copies of this application to all appropriate divisions, departments and agencies. However, the applicant must contact property owners if trees are involved in the proposed move. In addition, the applicant must secure the approval of all appropriate municipal, county and state authorities should the move originate or terminate outside the City of Springfield, or along any street owned by the state or the county within the City's boundaries.

**PLANS, FEES, AND CHARGES:** Prior to receiving a permit to move a building into the City of Springfield, the applicant or their representative shall:

- Submit two (2) copies of site or plot plan for new site.
- Submit two (2) copies of the foundation plan for the relocated building
- All applicable permit and system development fees shall be paid prior to any moved
- Any applicable permits and inspections for sanitary sewer cap or septic pump and fill

By my signature below, I certify that the above information is true and correct, that all required contacts have been made and authorizations obtained. I also understand that the minimum time to process this permit, because of the number of agencies notified by the City of Springfield, is seven (7) working days.

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

- FOR OFFICE USE/REVIEW ONLY -

**Community Services Division Report:** \_\_\_\_\_

Foundation/Site Plan Submitted? \_\_\_\_\_ Approved? \_\_\_\_\_ Foundation Permit Number: \_\_\_\_\_

Moving Permit Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Engineering Division Report:** Owner(s) AND Contractor(s) are both responsible for any damages to private or public property.

Moving Permit Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Traffic Division Report:** Contractor is responsible for a safe, efficient relocation operation. All signal systems shall be monitored to ensure they are functioning properly. Any damage to or malfunctions of the traffic signal system shall be reported immediately to Signal Technician, at 343-4902 or Gene Butterfield, Maintenance Supervisor, at 998-3667.

Moving Permit Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Historical Report:** \_\_\_\_\_

Moving Permit Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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Required Inspections: An inspection of the property is required at the following indicated stages of this project.

\_\_\_\_\_ **Septic Tank Pumped and Filled**

A Certificate from a bonded/  
registered contractor will meet  
this inspection requirement.

\_\_\_\_\_ **Sanitary Sewer Capped**

Capped within five (5)  
of the property line with  
approved materials.

\_\_\_\_\_ **Final Move**

To be made once structure has been  
moved from site and all debris has been  
removed.

To request an inspection, please call 888-299-2821. Inspections called in before 7 am will be made the same working day, inspections called in after 7 am will be made the following working day.

Zone: \_\_\_\_\_ Flood Plain: \_\_\_\_\_ Type of Constr: \_\_\_\_\_ Occy Group: \_\_\_\_\_

Moving Permit	\$354.00
10% Administrative Fee	\$35.40
Sanitary Sewer Cap/Septic Pump and Fill (if applicable)	\$89.00
12% State Surcharge	\$10.68
5% Technology Fee	\$4.45
<b>Possible Subtotal</b>	\$496.03
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

(if property does not need the sanitary sewer capped or the septic tank pumped and filled, deduct applicable permit fee)

Date Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ By: \_\_\_\_\_