

Annex	CUP	Home Occ.	Interim Use	Move Building	Non – Conform	Plan Consid.	PUD	Variance
Driveway	Land Excavation		Land Fill	Rental		ROW	Sign	



City of Belle Plaine
 218 N. Meridian Street
 P.O. Box 129
 Belle Plaine, MN 56011

Community Development Department
Phone: 952-873-5553
Fax: 952-873-5509
www.belleplainemn.com

Fee: \$100.00

MOVING STRUCTURE PERMIT APPLICATION

APPLICANT	Name/Company:	Phone:
Address:		Cell:
E-mail:		Fax:
BUILDING ORIGIN	Land Owner:	Phone:
Address:		P.I.N:
Lot(s):	Block(s):	Subdivision:
Legal Description:		Zoning:
BUILDING DESTINATION	Land Owner:	Phone:
Address:		P.I.N:
Lot(s):	Block(s):	Subdivision:
Legal Description:		Zoning:
BUILDING DESCRIPTION	Construction Type:	Number of rooms:
Dimensions:	Height:	Width:
		Depth:
Condition of interior:		Condition of exterior:

TRAVEL ROUTE (*list all highways, streets and alleys in which building will travel over, along or across*):

Start Date: _____ Completion Date: _____

SUBMISSION OF APPLICATION MUST INCLUDE:

- Copy of State of Minnesota Department of Transportation license for building movers.
- Tax certificate stating all taxes & other charges have been paid in full.
- Certificate of ownership of entitlement – a written statement, bill of sale or other sufficient evidence that entitles applicant to move the building.
- Deposit for City at twice the estimated expenses associated with the removing and replacing of electrical wires, street lamps, poles or other property belonging to the City, and cost of materials to make such removals and replacements. (sec. 14.5, Belle Plaine Zoning Ordinance)
- Bond certificate

We, the undersigned, hereby make the following application to the City Council and Planning and Zoning Commission of the City of Belle Plaine, Scott County, MN. (Applicants have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinances requirements including Sec. 14 of the Belle Plaine Zoning Ordinance.)

APPLICANT SIGNATURE: _____ **DATE:** _____
OWNER SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

Date Received:	Form of Payment:	Transaction Number:
Application Fee:	Date:	Collected By:
Reviewed by Building Official	<input type="checkbox"/> NA <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Reviewed by Zoning Administrator	<input type="checkbox"/> NA <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Reviewed by Public Works Supt.	<input type="checkbox"/> NA <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Reviewed by Chief of Police	<input type="checkbox"/> NA <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: