CITY OF MEDFORD Moving Permit

APPLICANT		E-MAIL	
PHONE	(H)	(W)	(FAX)
ADDRESS			
inspected by	uilding must be in safe and s the Building Inspector/Zonin plumbing as set forth in the	g Inspector and brought up	•
	ture shall be moved by othe accessory buildings of 625 s		
check payable relocation, im of the original	uncil approves the special perion to the City of Medford in a provement of structure, and site. Ten percent of the orimains incomplete beyond the	n amount equal to 20% of t improvements to the propoginal amount deposits shall	he estimate of all costs of esed site and restoration be forfeited for each day
There is a \$1) fee to move a structure ov	er any public right of way.	
City Attorney	must also have on file a cer in the sum of at least \$1,000 ase of injury of 2 or more pe	0,000 for each person injure	ed, no less than
Please fill in t	ne following information:		
Date(s) the bo	uilding is to be moved:		
REQUIRED S	SUBMITTALS:		
□ De _l □ Fee	ving Plan posit to move over public right o tificate of Liability Insurance		
SIGNATURE	OF APPLICANT		DATE
SIGNATURE	OF CITY OFFICIAL		DATE