

City of Hinesville  
DEPARTMENT OF INSPECTIONS

APPLICATION FOR BUILDING MOVING PERMIT

I HEREBY APPLY FOR A PERMIT TO MOVE A BUILDING:  
Residential [ ] Commercial [ ] Other: \_\_\_\_\_

1. Present Location: \_\_\_\_\_  
(Street Address)  
Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Parcel # \_\_\_\_\_ Block # \_\_\_\_\_

2. Proposed Location: \_\_\_\_\_  
(Street Address)  
Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Parcel # \_\_\_\_\_ Block # \_\_\_\_\_

3. Type Construction: Wood Frame [ ] Metal [ ] Other \_\_\_\_\_

4. Size of Building: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Sq.Ft. \_\_\_\_\_

5. Building will be moved on: DATE: \_\_\_\_\_ at TIME: \_\_\_\_\_

6. Contemplated Route: ATTACH MAP OR DRAWING WITH DESCRIPTION

7. Estimated Dollar Value of Building: \$ \_\_\_\_\_

8. Contractor Name/Address: \_\_\_\_\_

THE BUILDING WILL NOT BE LOADED ONTO THE MOVING VEHICLE UNTIL:

- (1) THE BUILDING HAS BEEN INSPECTED BY THE BUILDING OFFICIAL AND APPROVED STRUCTURALLY SAFE TO BE MOVED OVER THE STREETS OF HINESVILLE.
- (2) A BUILDING MOVING PERMIT HAS BEEN ISSUED BY THE BUILDING OFFICIAL.

IF THIS PERMIT IS GRANTED, I AGREE TO COMPLY WITH ALL OF THE BUILDING MOVING REQUIREMENTS OF THE HINESVILLE BUILDING CODE AND FIRE PREVENTION ORDINANCE. I ALSO AGREE TO DE-ENERGIZE AND CAP ALL PUBLIC UTILITY SERVICE CONNECTIONS AND REMOVE ALL BUILDING MATERIALS AND OTHER TRASH OR DEBRIS FROM THE PREMISES WITHIN 30 DAYS AFTER THE BUILDING HAS BEEN MOVED.

\_\_\_\_\_  
Date Owner or Authorized Agent

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THE FOLLOWING PERSON(S) OR CORPORATIONS(S) MUST BE NOTIFIED OF DATE, TIME AND CONTEMPLATED ROUTE AT LEAST THREE (3) DAYS PRIOR TO MOVING BUILDING. RECEIPT OF NOTIFICATION MUST BE VERIFIED BY SIGNATURE AS ANNOTATED BELOW:

- 1. Hinesville Fire Department \_\_\_\_\_  
Chief or Authorized Representative
- 2. Hinesville Police Department \_\_\_\_\_  
Chief or Authorized Representative
- 3. Hinesville Public Works Dept. \_\_\_\_\_  
Director or Authorized Representative
- 4. Coastal Utilities \_\_\_\_\_  
Engineering Department

APPROVED: \_\_\_\_\_  
Date Director of Inspections

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

Permit # \_\_\_\_\_ Permit Fee \_\_\_\_\_

Paid Validation CK. [ ] M.O. [ ] CASH [ ]