## **CITY OF ALEXANDRIA - MOVING / PLACEMENT PERMIT APPLICATION**

625 Murray Street, Alexandria, LA 71301 Permits.callcenter@cityofalex.com Office (318) 473-1372 Fax (318) 473-1377

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A. Project	ct Location Information	IMF	PORTANT: Applicant must	complete Sections A - J	
Structure L	ocation: Current				
Structure Location: Proposed				(In-Office Only) MPN Project #	
A. Perm	it Type Requested				
☐Moving	Only (moving existing structure OUTSIDE City Limits)	☐ Placement O	Only (moving structure INSIDE City Limits)	Moving & Placement Combo	
B. Perm	it Type and Proposed I	Jse			
_	Vide Residential Trailer <sup>(Res</sup> Wide Residential Trailer <sup>(Re</sup>		If Commercial:  Designed Occupancy Classific		
□ Number of bedrooms =		☐ Assemby (A1 - A5) ☐ Business (B)	☐ Institutional (I1-I4) ☐ Mercantile (M)		
□ Number of bathrooms =			☐ Education (E)	Residential (R1-R4)	
Prefab Storage Building (Residential)			☐ Factory / Industry (F1, F2)	•	
Industri	alized Portable Building (Cor	mmercial)	☐ High Hazard (H1-H5)	☐ Utility and Misc. (U)	
C. Use D	Description (Example: Res	sidence, Office, Restar	urant, Snow Cone Stand, Servi	ce Station, etc.)	
			☐ Private Ownership	☐ Public Ownership	
D. Description of Work to be Performed			E. Building Information	(If no Construction Cost is given, the ICC Building Valuation calculation method will be used).	
☐ Proposed Moving Date =			☐ Total Sq. Ft. =	(Required)	
□Number of Hauls =			Overall Height =	(Required)	
Amount of Bond Secured =			☐ Construction Cost =	(Required)	
F. Describe Travel Route AND attach a street map highlighting the exact route of travel for review					
G. Buildi	ng Information & Chara	acteristics for Porta	able Manufactured Buildin	gs & Trailer Houses	
☐ Serial I	Number		☐ Size (Length x Width)		
☐ Year Built (Required)			□ Color		
☐ Model			☐ SFM Sticker #		
☐ Make			☐ HUD Sticker #		
H. Identi	fication - Owner, Contr	actor, Designer (a	all correspondence sent th	rough email)	
Property	Entity Name	Email Address	·	Phone	
Owner				Contact	
Building	Entity Name Email Address			Phone	
Mover				Contact	
Bonding	Entity Name Email Address			Phone	
Company				Contact	
	Entity Name	Email Address		Phone	
Electrician				Contact	
	Entity Name	Email Address		Phone	
Plumber				Contact	

## **COA - MOVING NOTIFICATION TO DEPARTMENTS**

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A. Project Location Information	(Repeated) IMPORTANT: Applicant must	complete Sections A &B			
Structure Location: Current					
Structure Location: Proposed	In-Office Only) MPN Project#				
☐ Proposed Moving Date and Time =					
J. Departmental Signature Req	uired				
	nt is responsible to get signatures from all Departments listed below. This is red to make the necessary provisions to allow this move with regards to City nce of a permit.				
Electrical Distribution Department 318-473-1301	Superintendent Signature	Date			
Traffic Signal Department 318-441-6126	Superintendent Signature	Date			
Police Department 318-441-6408	Traffic Police Signature	Date			
Fire Department 318-441-6600	Chief of Fire Signature	Date			
Bellsouth Telephone Company 318-449-1984	Authorized Signature	Date			
Signature of Applicant for Terms of Permit Issuance					
<ol> <li>I acknowledge that this permit becomes null and void if work or construction authorized is not commenced within 180 days at any time after work is commenced. I have read and examined this application in its entirety and have completed the appropriate sections of this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction. The proposed work is authorized by the owner of record and that I am or have been authorized by the owner to make this application as the authorized agent and agree to conform to all applicable laws of this jurisdiction.</li> <li>I acknowledge that no moving or placement can be done until a Permit is issued. Minimum review time for permitting is 7 business days. I also acknowledge that if this is a moving permit application and if the structure will be relocated within the Alexandria City Limits, a Placement Permit shall also be required for an additional fee.</li> <li>I acknowledge that any fill material brought onto this site cannot be placed in such a manner to adversely affect the adjoining properties with drainage from this subject property. All drainage discharge from this site shall be by an approved method by the City of Alexandria's Engineering Department. Call 318-473-1170 for information.</li> <li>I acknowledge that Stormwater Pollution Prevention methods and Best Management practices will be required to be in place for any soil disturbances at either side location until it has achieved final, permanent stabilization. A separate SWPPP application may also be required to be completed. Call 318-473-1184 for information.</li> <li>a. I specifically acknowledge that no one leaving this site shall be allowed to track dirt, mud or other debris onto the public</li></ol>					
<b>V</b>	NTER-CITY OFFICE USE ONLY  DISCONNECTION CONFIRM	<b>↓</b> MATION			
Gas Utility Department	Authorized Signature	Date			
Electrical Distribution Department	Authorized Signature	Date			
Water Utility Department	Authorized Signature	Date			
Sewer Utility Department	Authorized Signature	Date			
Utility Customer Service Department	Authorized Signature	Date			