



City of Cascade
 320 1st Ave W PO Box 400
 Cascade, IA 52033
 Phone (563) 852-3114
 Fax (563) 852-7554

APPLICATION FOR HOUSE MOVING PERMIT AND HOUSE MOVING PERMIT

Iowa D.O.T. Permit Required Yes No
 If Yes, Permit No. _____

**Complete Section A and deliver to: City Hall, 320 1st Ave W Cascade, IA
 OR email to admin@citycascade.com**

A. APPLICATION: The undersigned hereby applies for a House Moving Permit and states as follows:

Company Name		Telephone #	
Address		Fax #	
City, State, Zip		E-Mail	
Building/structure being moved			
Required:	The applicant must have satisfied all City Code requirements in accordance with Title VII Spec Ord Chapter 5 House Mover		
	<input type="checkbox"/> Bond: No.	<input type="checkbox"/> Proof of Liability Insurance	<input type="checkbox"/> Pay Applicable Fees
Origin Building Location		Destination Building Location	
Date to be moved		Time of Day	
Loaded Height	Loaded Width	Loaded Length	Gross Weight
Tractor Make		License Number	
Trailer		License Number	
Axle Loads		No. of Axles	
Escort Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Route to be traveled:			

The applicant hereby states that all the statements set out herein are true and correct and agrees to comply with all ordinances of the CITY OF CASCADE, IOWA and the weight limits as required by the State of Iowa. The applicant further agrees that no property shall be interfered with, except with the written consent of the owner, and agrees to report any damage done to the CITY OF CASCADE IOWA.

The applicant assumes and agrees to pay all loss and damage to any property whatsoever, and injury or death to any person or persons whomsoever, including all costs and expenses incident thereto, however arising from and in connection with the move described in this application, or the failure of applicant or officers, agents, or employees of applicant to abide by or comply with any of the terms and conditions of the application, and the applicant forever indemnifies the CITY OF CASCADE, IOWA against and agrees to save it harmless from any and all claims, demands, lawsuits, or liability for any such loss, damage, injury or death, costs or expenses, even though the CITY OF CASCADE, IOWA, may have caused or contributed thereto.

Signed at CASCADE, Iowa on this _____ day of _____, 20____.	Applicant Name (Signature) X Applicant Name (Printed)
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B. CLEARANCES & CONSENTS (WHERE REQUIRED)

Public Works	X	___/___/___
CMU	X	___/___/___
Police Chief	X	___/___/___
City Administrator	X	___/___/___