



# House/ Structure Move Application

Rev.20251222

## Part 1 - Contractor/ Applicant Information

Structure Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Business License #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contractor License#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

General Liability Insurance On File ☐ Yes ☐ No Street Performance Bond On File ☐ Yes ☐ No

Tow Vehicle License Plate # \_\_\_\_\_ State: \_\_\_\_\_ Expires \_\_\_\_\_

## Part 2 – Job Site Information

MOVED FROM ADDRESS: \_\_\_\_\_ PARCEL NUMBER: \_\_\_\_\_

MOVED TO ADDRESS: \_\_\_\_\_ PARCEL NUMBER: \_\_\_\_\_

FOUNDATION PERMIT APPROVED? ☐ Yes ☐ No NUMBER: \_\_\_\_\_  
*Required if located within City Limits*

## Part 3 – Structure Information

HOW MANY STORIES? ONE \_\_\_\_\_ TWO \_\_\_\_\_ OTHER \_\_\_\_\_

WOOD FRAME STRUCTURE? YES \_\_\_\_\_ OTHER \_\_\_\_\_

Show all load dimensions and weight distribution on the attached diagram(s).

**\*\*NOTE: LOADED STRUCTURE DIMENSIONS MAY BE VERIFIED. MIS-REPRESENTATION OF LOADED DIMENSIONS MAY RESULT IN CANCELLATION OF MOVE, AND ALL FEES PAID WILL BE FORFEITED.**

# House / Structure Move

## Part 4 – Move Information

**Proposed Move Date:** Date will be assigned/confirmed by permit center staff upon completed application submittal, to be no earlier than 15 days from date of submittal.

**ATTACH A MAP SHOWING THE PROPOSED ROUTE.**

DATE: \_\_\_\_\_ TIME TO BEGIN MOVE: \_\_\_\_\_ AM / PM

ESTIMATED TIME OF COMPLETION: \_\_\_\_\_ AM / PM

**Proposed Move Route:** From the proposed location to be moved from:

THENCE

N S E W on \_\_\_\_\_ to \_\_\_\_\_

THENCE

N S E W on \_\_\_\_\_ to \_\_\_\_\_

THENCE

N S E W on \_\_\_\_\_ to \_\_\_\_\_

THENCE

N S E W on \_\_\_\_\_ to \_\_\_\_\_

THENCE

N S E W on \_\_\_\_\_ to \_\_\_\_\_

THENCE

N S E W on \_\_\_\_\_ to \_\_\_\_\_

THENCE

N S E W on \_\_\_\_\_ to \_\_\_\_\_

THENCE

N S E W on \_\_\_\_\_ to \_\_\_\_\_

THENCE

N S E W on \_\_\_\_\_ to \_\_\_\_\_

**Does this route involve crossing a bridge within city limits?** Y / N

*If yes, Permit will require additional review.*

**Does this route involve crossing railroad tracks?** Y / N

*If yes, notification to railroad operations is required. BNSF: 981-5280 (Keith Abeyta) Union Pacific: 801-499-7646 (Mark Rubino) 1-888-877-7267 or visit <https://www.up.com/real-estate/oversize-moves>*

# House / Structure Move

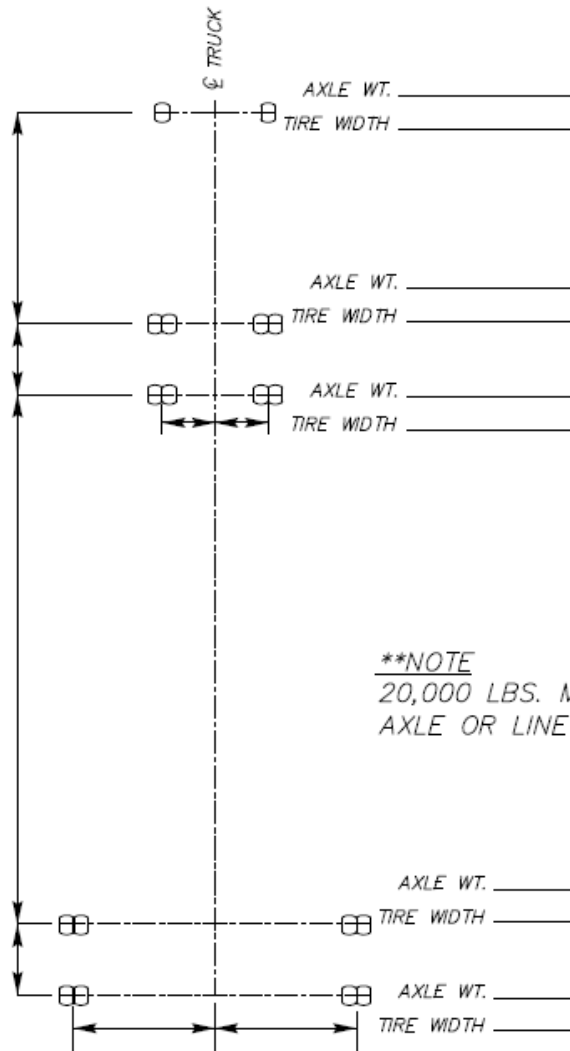
HOUSE MOVE:

FROM ADDRESS \_\_\_\_\_

TO ADDRESS \_\_\_\_\_

**\*NOTE**

ALL DIMENSIONS, WEIGHTS AND TIRE SIZES SHALL BE SHOWN ON DRAWING.



**\*\*NOTE**

20,000 LBS. MAX ON ANY SINGLE AXLE OR LINE OF TIRES

CONTRACTOR'S SIGNATURE \_\_\_\_\_

CITY REPRESENTATIVE SIGNATURE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_



TYPE I AXLE LOADINGS FOR HOUSE MOVES

DATE \_\_\_\_\_

STREET DEPARTMENT  
CITY OF SPOKANE

SCALE:  
N/A

# House / Structure Move

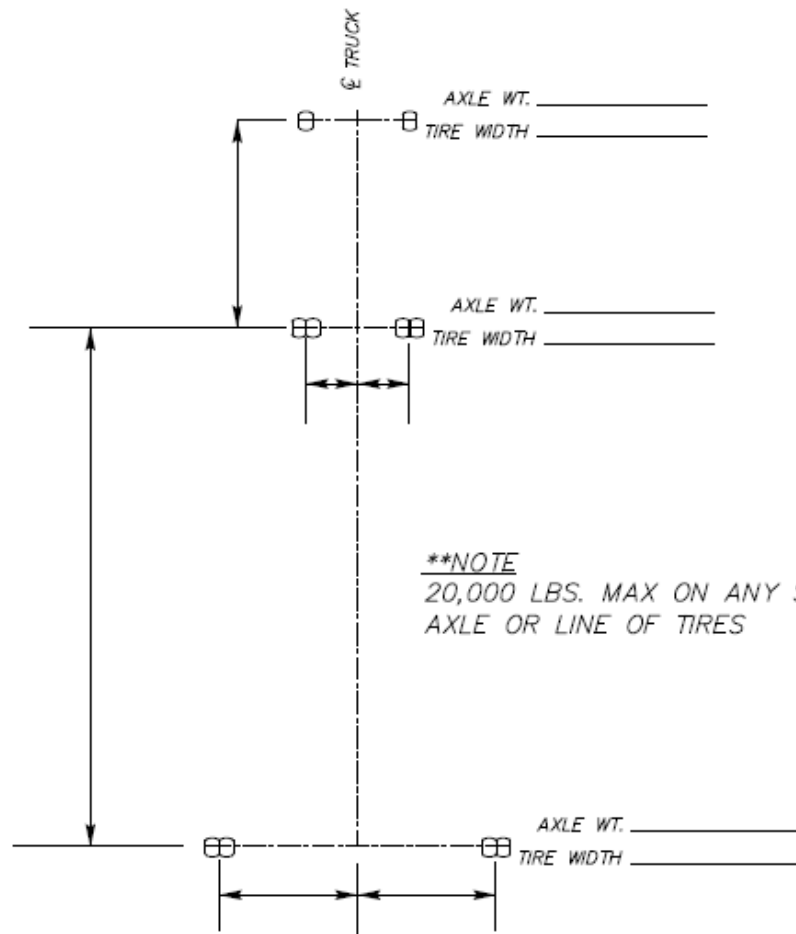
HOUSE MOVE:

FROM ADDRESS \_\_\_\_\_

TO ADDRESS \_\_\_\_\_

**\*NOTE**

ALL DIMENSIONS, WEIGHTS AND TIRE SIZES SHALL BE SHOWN ON DRAWING.



**\*\*NOTE**

20,000 LBS. MAX ON ANY SINGLE AXLE OR LINE OF TIRES

CONTRACTOR'S SIGNATURE \_\_\_\_\_

CITY REPRESENTATIVE SIGNATURE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_



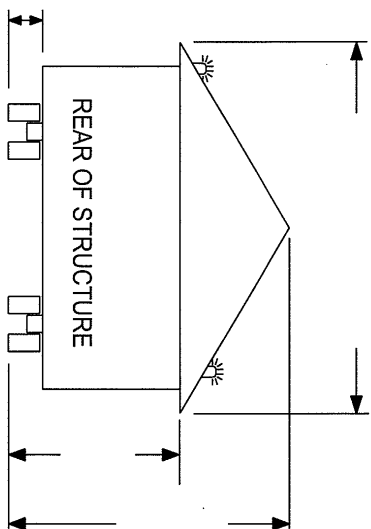
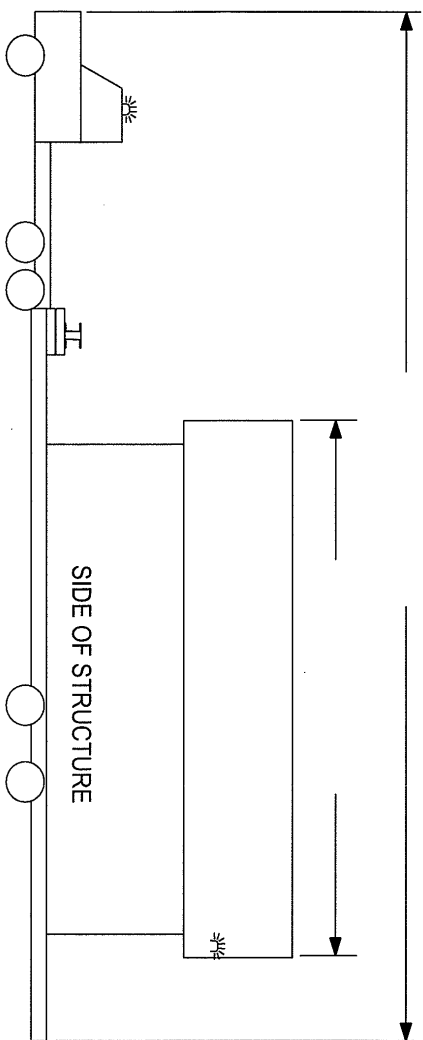
TYPE II AXLE LOADINGS FOR HOUSE MOVES

DATE \_\_\_\_\_

STREET DEPARTMENT  
CITY OF SPOKANE

SCALE:  
N/A

ALL DIMENSIONS SHALL BE VERIFIED PRIOR TO MOVE



THIS FORM WILL BE USED BY REVIEWING ENTITIES TO DETERMINE THE IMPACT THE LOADED STRUCTURE WILL HAVE UPON ANY TREES, SIGNS, UTILITIES, ETC. PLEASE INDICATE AS ACCURATELY AS POSSIBLE ANY DORMERS, CHIMNEYS, OR OTHER STRUCTURES, INCLUDING DIMENSIONS, TO ASSIST THE REVIEWERS IN DETERMINING THOSE IMPACTS. FAILURE TO DO SO MAY RESULT IN UNNECESSARY COSTS TO THE MOVER.

HOUSE MOVE:

FROM:

TO:

MOVE DATE :

SIGNATURE:

## House / Structure Move

**The City of Spokane Development Services office must be notified immediately of any unplanned or unusual events that resulted from the Structure Move. The permittee must also report any incident, damage claim, or neighbor annoyance report brought to the permittee's attention within twenty-four hours.**

### Contact information

**Permit Center :** (509) 625-6300 Monday – Friday: 8:00 – 4:30

**Street Dept:** 625-7733, Operations Engineer 625-7738, Bridge Engineer 625-7749

**Police Extra Duty office:** 443-6610 or 994-9504

**Emergency:** 911

### Hold Harmless / Affidavit of Applicant

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE RULES AND REGULATIONS GOVERNING THE PROPOSED STRUCTURAL MOVE OPERATION UNDER THE SPOKANE MUNICIPAL CODES, STATE REGULATIONS/WAC, AND INTERNATIONAL BUILDING CODES. I AGREE TO ABIDE BY THESE RULES, AND FURTHER CERTIFY THAT I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY COST AND FEES THAT MAY BE INCURRED BY OR ON BEHALF OF THE STRUCTURAL MOVE OPERATION TO THE CITY OF SPOKANE.

I AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS, THE CITY OF SPOKANE, ITS DEPARTMENTS, EMPLOYEES, AGENTS, OFFICERS, AND VOLUNTEERS FROM ANY AND ALL LIABILITY IN ANY AND ALL MATTERS CONCERNING THIS OPERATION.

NAME OF APPLICANT (Print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **THIS FORM MUST BE NOTARIZED**

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Washington,

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

# House / Structure Move

## VERIFICATION OF COORDINATION WITH UTILITY COMPANIES

This form (or other proof of coordination) is required to be completed, and to be submitted to the Permit Center staff prior to Permit issuance.

We have reviewed the submitted application to move a house / structure from

\_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_.

If there are impacts to our Utility, we will arrange to have a crew to be in attendance of the move, and all costs shall be paid by the Moving Contractor.

### Acknowledged by:

### Please Circle:

\_\_\_\_\_ of AVISTA  
(Name)

Will / Will Not have impact

\_\_\_\_\_ of COMCAST  
(Name)

Will / Will Not have impact

\_\_\_\_\_ of QWEST  
(Name)

Will / Will Not have impact

\_\_\_\_\_ of FIBERLINK / ZAYO  
(Name)

Will / Will Not have impact

\_\_\_\_\_ of TW TELECOM  
(Name)

Will / Will Not have impact

\_\_\_\_\_ of INTEGRA TELECOM  
(Name)

Will / Will Not have impact

\_\_\_\_\_ of X – O COMMUNICATIONS  
(Name)

Will / Will Not have impact

\_\_\_\_\_ of \_\_\_\_\_  
(Name) (Name of Company)

Will / Will Not have impact

\_\_\_\_\_ of \_\_\_\_\_  
(Name) (Name of Company)

Will / Will Not have impact

\_\_\_\_\_ of \_\_\_\_\_  
(Name) (Name of Company)

Will / Will Not have impact