

**CITY OF SAN BENITO
HOUSE/BUILDING MOVING PERMIT**

Date: _____ House Mover/Contractor Information:

Company Name: _____ Co. Owners Name: _____

Address: _____

Phone: Business: _____ Cellular: _____

Property address where structure will be moved to: _____

Lot _____ Block _____ Subdivision: _____

From current location: _____

Lot _____ Block _____ Subdivision: _____

Current Owners Name/Address: _____

Phone: Home: _____ Cell: _____

Size of Structure to be Moved: Width: _____ Length: _____ Height: _____

Size of Structure to be Moved (Loaded): W: _____ L: _____ H: _____

Detailed description of proposed route to be taken (Including City of San Benito Streets, State Highways, State Farm to Markets, State Spurs, and County Roads):

House Mover (Contractor) must have proper signage, lights, and flags in accordance with state laws. House must be placed on termite shields. House Mover must call San Benito Police Department at (956) 361-3880 in advance to schedule escorts if any needed.

***The foregoing is a true and correct description of the improvement proposed by the undersigned applicant, and the application states that he/she will have full authority over construction of same.

Contractor Signature: _____ DATE _____

1) PLANNING/ZONING DEPT. APPROVAL:
_____ DATE _____

2) BUILDING INSPECTOR APPROVAL
_____ DATE _____