

City of Alpharetta
STRUCTURE RELOCATION PERMIT APPLICATION



Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to construct and use a building or structure as described herein and shown on the City code compliance reviewed plans and specifications and to be located as shown on the accompanying City reviewed plat plan and, if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESS – PLEASE PRINT LEGIBLY

APPLICATION DATE: ___ / ___ / 20___ APPLICANT IS: Owner / Agent Contractor / Agent

APPLICANT NAME: _____ Phone: _____

Applicant Email: _____

PROPERTY INFORMATION:

Address of Current Location: _____

Address of New Location: _____

Work to be completed is a: Home Barn Other: _____

Please provide, if Applicable: City LDP #: _____ Sewer Permit #: _____ City Impact Fee Receipt: _____

PROPERTY OWNER NAME: _____ Phone: _____

Property Owner Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

CONTRACTOR NAME: _____ Phone: _____

Contractor Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Business Registration #: _____ Issued In: _____ Expiration Date: _____

Contractor License #: _____ Issuing State: _____

WORK INFORMATION:

Reason for relocation: _____

Use: _____ Occupancy: _____

Moving Height: _____ feet Number of Stories: _____

If within Alpharetta city limits, will the new location meeting the zoning requirements? Yes _____ No _____
initials initials

Structure Relocation Permit Checklist:

- ____ Site Plan showing new site if within City limits
- ____ Map indicating the route and streets that will be used during the relocation

APPLICANT SIGNATURE: _____ DATE: _____