

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 ADDRESSES – PLEASE PRINT LEGIBLY

Application Date: _____ Applicant is: Owner/Agent Contractor/Agent

PROPERTY INFORMATION

Address of Current Location: _____

Address of New Location: _____

WORK IS: Home Barn Other (please be specific) _____

If Applicable: City LDP No: _____ Sewer Permit No: _____ City Impact Receipt: _____

PROPERTY OWNER: _____ Phone: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

CONTRACTOR: _____ Phone: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Business Registration No: _____ Issued In: _____ Expires: _____

Contractor License No: _____ State: _____

WORK INFORMATION

Reason for Moving: _____

Use: _____ Occupancy: _____

Moving Height: _____ ft No. Stories: _____

Site Plan showing new site if within City limits

Map of streets the route will use during the move

If within Alpharetta city limits, will new location meet zoning? YES (initial) _____ NO (initial) _____

Applicant Printed Name: _____ Application Signature: _____

Applicant Email: _____ Phone: _____