



CITY OF PINE BLUFF, ARKANSAS

Department of Inspection & Zoning

200 East 8th Avenue, Suite 101

Pine Bluff, Arkansas 71601

Tel: (870) 543-1845

Fax: (870) 543-1844

Application for Moving a Building/Mobile Home

Date: _____

Applicant

(Mover): _____

Current License: Yes: _____ No: _____

Applicant Address: _____

Applicant Tel. No. _____ Fax No. _____

Building Owner: _____ Tel No. _____

Mailing Address: _____

Signature _____ Owner or Agent (circle one)

Type of Structure: _____ Residential _____ Commercial

_____ Storage Building _____ New Trailer?

_____ If not new, list year of construction

Construction Type: _____ Wood Frame _____ Other (describe) _____

Extreme Dimensions: Length: _____ Width: _____ Height: _____

Present Location: _____

(next page)

Proposed Location: (Street Number / Lot / Block / Subdivision):

Zoning Permit No. _____

AR State Highway Dept. (AHTD) Permit No. _____

Moving Date: _____ Approximate time - Start : _____ Finish: _____

Proposed route: _____

Signature of Street Department Director: _____

Date

Comments: _____

Signature of Inspection & Zoning Department Representative: _____

Building Permit No. _____

Date: _____

Comments: _____

