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Marshall Inspection Department

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**APPLICATION & PERMIT FOR MOVING OF BUILDINGS  
MARSHALL, MISSOURI**

**DATE:**

**PERMIT #:**

Application is hereby made BY: \_\_\_\_\_  
(Name of Owner or Contractor)

to move an existing building located at:

\_\_\_\_\_, \_\_\_\_\_  
(address) (type of building)

Lot: \_\_\_\_\_, Block: \_\_\_\_\_, Addition \_\_\_\_\_.

It is understood and agreed that I will comply with the following requirements of the Code of Ordinances of the City of Marshall relative to the matter of the moving of buildings within the City.

**Sec. 510.190 Moving of Buildings.**

- (a) *Permit required.* No person shall be permitted to move houses or any other buildings in the streets of the city without first having obtained a permit from the mayor therefor.
- (b) *Liability of contractor.* The contractor performing the work of moving any house or building shall be liable for any and all damages done to any property whatsoever while performing the work; and shall also be liable for any and all damages which may result against the city on account of such moving.
- (c) *Bond of contractor.* The contractor shall give bond in an amount to be fixed by the city engineer, to cover any damages done to property owners in the moving of any houses or buildings and to indemnify the city for any damages and losses sustained, which bond shall be approved by the city council.

It is agreed that \_\_\_\_\_ accepts responsibility for any  
(Signature of Applicant)

damage done to city streets, as well as any damage done to any and all utilities such as meters, manholes, power lines, etc. which might be caused from the moving of the above building. Furthermore, it is agreed that the applicant will advise the Fire and Police Departments of the time and route of such moving.

This permit grants permission to move a \_\_\_\_\_ building belonging to

\_\_\_\_\_ along the following route:

(Draw or attach description of route below:)

ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Code Official)

This permit will expire on: \_\_\_\_\_.