

**HOUSEMOVING PERMIT APPLICATION
CITY OF SOUTHAVEN
8710 NORTHWEST DR.
SOUTHAVEN, MS 38671
662-393-4639 FAX 662-280-6534**

Moving Contractor _____

Contractor Address _____

Location of Structure to be Moved _____

New Location _____

Subdivision _____ **Lot #** _____

Address _____

DATE OF REMOVAL _____

ROUTE TO BE TAKEN:

APPLICATION FEES:

RESIDENTIAL \$250.00 (per each structure) \$ _____

COMMERCIAL \$250.00 (per each structure) \$ _____

DRIVE THROUGH \$ 65.00 \$ _____

TOTAL \$ _____

Cash ___ **C/Card** ___ **Check** ___ **Receipt #** ___ **Permit #** _____

DATE: _____ **APPLICANT SIGNATURE** _____