



**House Moving Permit Application
City of Southaven Building Department**

8710 Northwest Drive

Southaven, MS 38671

TEL: (662)-393-4639

FAX: (662)-280-6534

buildingdepartment@southaven.org

For Office Use Only:

- ☐ Check # _____
☐ Credit AC _____
☐ Cash [Y/N]

GENERAL/CONTACT INFORMATION:

APPLICANT NAME _____ DATE _____

APPLICANT ADDRESS _____

CONTACT PHONE # _____ CONTACT EMAIL _____

OWNER/OCCUPANT [IF DIFFERENT FROM APPLICANT] _____

CONTRACTOR NAME [IF DIFFERENT FROM APPLICANT] _____

PROJECT INFORMATION:

LOCATION OF STRUCTURE TO BE MOVED _____

SUDVISION [IF APPLICABLE] _____ LOT # [IF APPLICABLE] _____

NEW LOCATION OF STRUCTURE _____

SUDVISION [IF APPLICABLE] _____ LOT # [IF APPLICABLE] _____

DATE OF REMOVAL _____ DATE OF HOUSE MOVING TO BE COMPLETE BY _____

ROUTE TO BE TAKEN _____

APPLICATION FEE: MARK ALL THAT ARE APPLICABLE BELOW:

☐ BUILDING: \$250.00

☐ COMMERCIAL: \$250.00

QUANTITY [PER STRUCTURE] _____ QUANTITY [PER STRUCTURE] _____

☐ DRIVE THROUGH: \$65.00

APPLICATION FEE TOTAL: \$ _____

DATE _____ APPLICANT NAME [PRINT] _____

APPLICANT NAME [SIGNATURE] _____