

COUNTY OF CAMAS

APPLICATION TO MOVE STRUCTURE / MANUFACTURED HOME

OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

MOVER: _____ PHONE: _____

ADDRESS OF MOVER: _____

PRESENT LOCATION OF BUILDING: _____

NEW ADDRESS & LEGAL DESCRIPTION: _____

ROUTE BUILDING WILL TAKE THROUGH CAMAS COUNTY: _____

DATE OF MOVE: _____ STARTING TIME: _____

Any person moving such building shall be liable to the County, City, and/or State for any and all damage to the streets and or highways thereof, and also to any person whose property is injured by reasons of such removal. The mover shall provide proof that they have sufficient liability and property damage insurance. No permit shall be issued until this application has been approved by the signatures of the following departments:

INSURANCE COMPANY: _____

POLICY NO.: _____ LIABILITY AMT.: _____

Manufactured home: Have the current taxes been paid? IC63-1014

Verify with Treasures office.

IDAHO TRANS. DEPT. PERMIT NUMBER: _____

IDAHO POWER PERMIT (1-800-488-6151): _____

BUILDING INSPECTOR (764-2046): _____

After the proper permits have been issued the Mover shall notify the State Transportation Department and Idaho Power as to the day and time that the building is to be moved.

FEE: \$25.00