Building Services Division

P.O. Box 727
630 South Central Avenue
Marshfield, WI 54449-0727
Telephone: 715-486-2016
Fax: 715-384-7631

MOVING PERMIT APPLICATION

Office Use Only
Permit No. _____

Name of Owner _____ Date _____/_____/_____

Location of Building (Address) _____ Telephone _____

Proposed New Location (Address) _____

Contractor

Name _____Phone_____

Address_____

City_____State_____Zip Code_____

Special Notes

If the building has sewer and water utilities the City of Marshfield requires the following:

WATER SERVICE
Water service must be shut-off at the curb stop or if water service does not have curb stop, one can be installed along with a curb box and rod. The water service can also be discontinued by turning off the Corporation Cock at the water main. Water service shall be shut-off and water meter removed before any work is started

SANITARY SEWER LATERAL
Sanitary sewer lateral can be capped off inside property line if it is made out of cast iron with gaskets or plastic. If the sanitary sewer lateral is not made out of cast iron with gaskets or plastic, it MUST BE replaced or abandoned at the sanitary sewer main (Municipal Code Chapter 16). Before any demolition has started all floor drains and cleanouts shall be sealed to prevent clearwater from entering sewer system. Sanitary sewer lateral shall be capped or replaced within 30 days after demolition.

*Note: A Plumbing Permit is required.

☐	Single Family Dwelling
☐	Two Family Dwelling
☐	Three and Four Family Dwelling
☐	Sheds, Garages, and Accessory Structures
☐	Commercial/Industrial/Institutional

I hereby apply for a moving permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Marshfield and with Wisconsin Building Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

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Applicant's Signature