

Snowmobile Capital of the World

+	ATV/UTV	Capital	of	Wisco



Hockey Capital of Wisconsin

Гоday's Date:							
Owner's Name:							
Owner's Street Address:							
Owner's Telephone: Business #:							
Company and / or Individual contra	cted to move the Structure:						
Name:							
Address:							
Business #:							
Insurance Carrier:							
Certifica	ate of Insurance on file:	Yes No					
Certificate #:							
Address of Structure to be Moved:							
	Projected Date of Completion:						
Projected Time of Move: Start:							
Description and Size of Structure to							
sescription and size of structure to	be 1/10/ed. (morade noight di	id overall widing					
Reason for the Move:							
Structure to be used for what Purpo	se:						
on account to be about for what I dipo							

(State Highwa	y Permit (1-800-74	 '9-601	9) Transce	ivers)			
Department of Public Works:							
Eagle River Light & Water:		Approved By: Date:					
Eagle River Police Dept:	Approved By: D						
Telephone Company:	Approved By:						
Wisconsin Public Service:	Date:						
Cable Company:	Name: Date:						
s the Mover read Ordinance Chap 78, A	rticle IV , Sec 171-	190?	Yes:_		No:_		
State Permit Single Trip Application	attached:		Yes:	No:_			
Map with Route Highlighted attache	ed:		Yes:	No:_			
Plot Plan attached showing new loca	ition of Structure:		Yes:	No:_			
Approved:		Date:				-	
Name/Title:							
ffice Use Only:							
Permit distribution: ☐ Clerk (w/check)	П Public Works П I	iaht &	Water □	Fire Dep	t □Pc	olice De <sub>l</sub>	ot □F