



Application Received: _____
Fee Received: _____
Staff Initials: _____

HOUSE MOVING PERMIT APPLICATION

APPLICANT INFORMATION

Applicant Name(s): _____
Moving Contractor: _____
License: _____
Mailing Address: _____
Phone: _____
E-mail Address: _____

PROPERTY OWNER INFORMATION

Name(s): _____
Mailing Address: _____
Phone: _____
E-mail Address: _____

PROPERTY INFORMATION

Reason for Request: _____

House Moving Type: Out of Mhd Into Mhd Within Mhd

Current House Address: _____

Current House Parcel Number: _____

Proposed House Destination Address: _____

Proposed House Destination Parcel Number: _____

Type of House (ex: stick-built, modular, manufactured home, etc.): _____

Dimensions of House Footprint: _____

Height of House (once loaded): _____ (from proposed grade to height of roof peak): _____

Architectural Style: _____

Year Built: _____

Proposed Move Date: _____

Route (describe in detail and provide map - attach additional pages): _____

**If you are unable to provide a PDF Digital ID, please print application to provide original wet signature(s).

Applicant Signature(s) _____ Print Name _____ Date _____

Property Owner Signature(s) _____ Print Name _____ Date _____

Property Owner Signature(s) _____ Print Name _____ Date _____

Application for House Moving Hearing and Approval Process

SUBMIT APPLICATION AND SUBMISSION REQUIREMENTS TO:

Planning & Zoning Division, 403 Center Avenue, PO Box 779, Moorhead, MN 56561-0779

APPLICATION DEADLINE: Completed application and submission requirements must be received by 12:00 p.m. on the deadline date (at least three weeks prior to the scheduled Planning Commission meeting).

APPLICATION SUBMISSION REQUIREMENTS:

The following must accompany this application:

Proof of Title to the proposed house destination or written authorization from owner(s), if applicant is not the property owner

\$150.00 Application Fee payable to the City of Moorhead

Destination Site Plan (e.g., to scale [site plan](#) showing setbacks and lot coverage)

Route (attach a separate sheet outlining the proposed house moving route)

Photos (Include a photo of each elevation of the house to be moved)

Proof of House Moving Contractor License

Clay County Environmental Health – Disposal Permit for Foundation (contact 218.299.5004), if applicable

City of Moorhead Building Codes – [Application](#) for Foundation Demolition Permit, if applicable

City of Moorhead Building Codes – [Application](#) for Foundation Building Permit (if destination is in Mhd)

Agency Approval (County, Township, City) – Proof of approval for house moving route

Proof of Building Office statement that House can be moved (if destination is in Mhd)

Additional Information (e.g., applicable building inspection records, assessing records, etc.)

CRITERIA FOR CONSIDERATION: Section 9-3 of the Moorhead City Code describes procedures and rules for moving structures within the city, available online at <https://www.moorheadmn.gov/>.

CHECKLIST – OFFICE USE

MOVING HOUSE OUT OF MOORHEAD

1. Confirm Submission Details

- Clay County Disposal Permit (foundation)
- Moorhead Demolition Permit (foundation)
- Proof of Destination Approval (County, Township, Other City)

2. Route Review

- City Departments (10 minimum business days for review): _____
- MN State Patrol Certified Escort: _____

Department	Approval Date
Planning & Zoning	
Engineering	
Public Works	
Police Department	
Public Service and/or Rural Electric	
Fire Department	

MOVING HOUSE INTO OR WITHIN MOORHEAD

1. Confirm Submission Details

- Clay County Disposal Permit (foundation)
- Moorhead Demolition Permit (foundation)
- Moorhead Building Permit (new foundation)
- Zoning Approval (e.g., covenants, setbacks, impervious, building materials)
- Proof of Destination Approval (County, Township, Other City)
- Bond filed with City Clerk (if approved by City Council)

2. Route & Site Review

- City Departments (10 minimum business days for review): _____
- MN State Patrol Escort: _____

Department	Approval Date
Planning & Zoning	
Engineering	
Public Works	
Police Department	
Public Service and/or Rural Electric	
Fire Department	
MN State Patrol Certified Escort	

Public Hearing & Planning Commission approval: _____

City Council approval: _____