CITY OF NELIGH MOVING PERMIT NO.

NAME:	DATE:	
ADDRESS:		
I. Location of Building: Between Lot	(Cross Street) and	(No. and Street)(Cross Street)Zoning Dist:
II. Type and Value of Building Type		
Dimensions: Width	Length	Total Square Feet:
Value of Structure: Must present cert	ified copy from County A	Assessor orTreasurer.
III. Property Taxes Paid to Date: Yes Must present rece	No ipt from County Treasur	-er
IV. Pay actual moving cost to the	ie City Clerk as acquired	from electric company
V. Mover must show \$5,000 su	rety bond or \$5,000 cash	to be held to pay any damages.
VI. Hole must be filled with dir	t.	
VII. Must be inspected and app	roved by City Supt. befor	re bond can be released
The City has the right to		
Received by:	Title	
Applicant Signature:		
Address		