

**INSTRUCTIONS FOR “STRUCTURE RELOCATION” INFORMATION  
FORM**

1. Fill in the relocation street address and if known the subdivision and lot number. Show acreage if known, and section, township and range. Also show the property address the structure is being removed from.
2. List the owner of the property.
3. List the general contractor responsible for the work.
4. Please circle type of Public sewer or type of individual sewer being installed. If an individual system is required, please complete the sewer contractor responsible for septic tank/drainfield or lagoon construction.
5. List the Architect or engineer responsible for certifying the structural integrity of the relocated structure.
6. Fill in all information that is applicable to the type of construction you are requesting. Indicate all appropriate type of work to be performed, and the type of foundation the structure is being placed on.
7. Place a check mark or “X” on the line in front of principal use of structure. Also show number of bedrooms and bathrooms, and the length and width of the building.
8. Please circle “Yes” or “No” indicating if street is county maintained. Please circle “Yes” or “No” indicating if street is complete.
9. Please mark any flood plain permit or information required.
10. Fill in the total square footage of the relocated structure. Fill in information that is applicable to the type of construction you are requesting. All information must be complete, including the setbacks the building is being placed at.
11. List licensed Electrical and Plumbing contractors performing work on structure.
12. Enter brief description of work to be done.
13. A sketch plan is required for relocated structure placement in relation to the front, sides, and rear property lines. Show proposed or existing location of individual sewer system. Location of private water well. (An excavation permit is required showing the route to be taken while moving the structure to new location.)
14. Sign and date application.

**PRE-BUILT BUILDING TO BE PLACED ON FOUNDATION                      \$100.00**

**INDIVIDUAL SEWER INSPECTION**

**\$100.00 (Through Health Department)**

1616 Industrial Drive  
Jefferson City, MO 65109  
Phone: 636-2181

If central system (City of Jefferson or Aqua Source) you must contact the correct governing authority for sewer hookup requirements.

**EXCAVATION PERMIT**

**\$ 25.00** FOR NON ROAD DISTURBANCE

**\$ 50.00** FOR CUTTING ROAD OR CURB

**BUILDING PERMIT FEE FOR MOVED STRUCTURE PLACED ON FINISHED BASEMENT**

**TO BE CALCULATED BY**

**COLE COUNTY PUBLIC WORKS PERSONNEL**

**BASED ON RS MEANS 2003 COST DATA**

**“STRUCTURE RELOCATION” INFORMATION FORM**  
COLE COUNTY PUBLIC WORKS  
PLANNING DEPARTMENT  
5055 MONTICELLO ROAD, JEFFERSON CITY, MO 65109  
Phone (573) 636-3614 fax (573) 636-8389

**MAKES CHECKS PAYABLE TO “COLE COUNTY PLANNING”**

**ANY RELOCATED HOMES SHALL HAVE AN ARCHITECT OR ENGINEERS CERTIFICATION OR AFFADAVIT FOR THE STRUCTURAL INTERGRITY OF THE HOME.**

**THE OWNER/CONTRACTOR SHALL ASSUME ALL LIABILITIES FROM MOVEMENT TO FINISHED PRODUCT.**

**PRIOR TO COMING TO THIS OFFICE, COMPLETE BOTH SIDES OF APPLICATION**

1. Property Information: Relocation Street Address: \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot No. \_\_\_\_\_ Acreage \_\_\_\_\_  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
Property address structure is being removed from \_\_\_\_\_
2. Owner: \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_
3. General Contractor: \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_
4. Public Sewer (circle one) City - Aqua Source /Private Sewer: Lagoon - Septic/drainfield Existing  
Individual Sewer Contractor: \_\_\_\_\_ Public Water: N / Y
5. Design Professional: \_\_\_\_\_ Address: \_\_\_\_\_  
Professional Registration NO. Arch. /Eng. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_
6. Type of Work: \_\_\_\_\_ Relocation Foundation Type: \_\_\_\_\_ or \_\_\_\_\_ Tied Down  
List Additional Work for this structure: \_\_\_\_\_ Alterations \_\_\_\_\_ Repairs \_\_\_\_\_ Other
7. Principal Use (mark one): \_\_\_\_\_ Single Family \_\_\_\_\_ Duplex \_\_\_\_\_ Other (Type) \_\_\_\_\_  
No. Bedrooms: \_\_\_\_\_ No. Bathrooms: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_
8. **Street Information: Is the street county maintained: Yes No (circle one)**  
**Is the street complete? Yes No (circle one)**
9. Flood Plain Information:  
**Flood Plain information must be completed if required.**  
Flood Plain Development Permit: No / Yes Flood Plain Certification: No / Yes  
No Rise Certificate: No / Yes

10. General Information: Total square footage: \_\_\_\_\_

(Circle correct option)

Basement: No / Yes If yes, Basement Finished Square Foot \_\_\_\_\_

Circle the correct options for a finished basement only:

No. Full Baths: 1 2 3 4 No. Half Baths: 0 1 2 3 4 No. Bedrooms: \_\_\_\_\_

Garage: No / Yes Attached: 0 1 2 Unattached: 0 1 2  
Length: \_\_\_\_\_ Width: \_\_\_\_\_

No. of Fireplaces: 0 1 2 3 4

Front yard setback ft. \_\_\_\_\_ Right yard setback ft. \_\_\_\_\_  
Left yard setback ft. \_\_\_\_\_ Rear yard setback ft. \_\_\_\_\_

11. Licensed Contractor Information for finished basement:

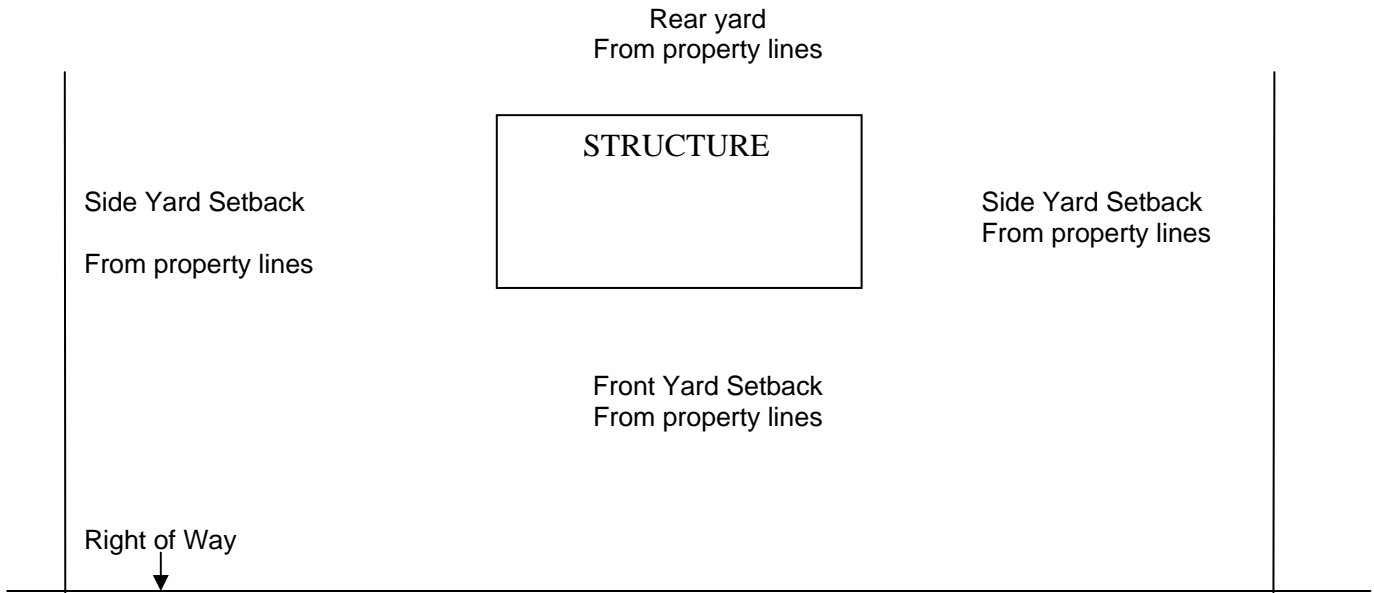
Electrical Contractor \_\_\_\_\_ Plumbing Contractor \_\_\_\_\_

12. Brief description of work to be done:

\_\_\_\_\_  
\_\_\_\_\_

STRUCTURE RELOCATION

13. SKETCH PLAN



STREET NAME \_\_\_\_\_

NOTE:

SHOW THE FOLLOWING INFORMATION ON THE SITE PLAN:

- (1) Plan view of existing structures
- (2) Location of drive.
- (3) Location of drainage facilities on site.
- (4) Setbacks from all sides
- (5) Utility locations, above and below ground

MINIMUM OF THREE INSPECTION POINTS REQUIRED FOR ALL RELOCATIONS

1. FOOTINGS & FOUNDATIONS      2. ROUGH-IN, PRIOR TO COVERING STRUCTURAL MEMBERS  
3. ALL ELECTRICAL AND PLUMBING CONNECTIONS      4. FINAL INSPECTION
- 

**(14.) OWNER/CONTRACTOR**

I CERTIFY THE INFORMATION CONTAINED HERIN IS TRUE AND CORRECT AND REPRESENTS THE SCOPE OF THE WORK TO BE DONE AND THAT IN DOING SAID WORK I/WE WILL ABIDE BY ALL REGULATIONS OF COLE COUNTY AND APPLICABLE LAWS OF THE STATE OF MISSOURI. I UNDERSTAND THAT IF ANY INFORMATION FURNISHED HEREIN BY MYSELF OR OTHERS IS FALSE OR INCORRECT, A PERMIT MAY NOT BE ISSUED, OR IF ISSUED, IT MAY BE REVOKED.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager Number: \_\_\_\_\_