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Deputy City Clerk



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**APPLICATION FOR HOUSE MOVERS LICENSE
PURSUANT TO CHAPTER 110 SECTION .03
CITY OF MT. VERNON, ILLINOIS**

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

DATE OF BOND: _____

CERTIFICATE OF INSURANCE: _____

APPLICATION IS HEREBY MADE TO REMOVE (METAL) (WOOD) (FRAME) (NON-COMBUSTIBLE) (BUILDING)
(RESIDENCE) (STRUCTURE)

FROM: _____
(ADDRESS)

TO: _____
(ADDRESS)

(IN) (OUT) OF THE CORPORATE LIMITS OF MT. VERNON, ILLINOIS. THE FOLLOWING ROUTE WILL BE TRAVELED:

I HEREBY CERTIFY THAT ALL UTILITY COMPANIES WILL BE NOTIFIED OF THE ROUTE AND THE DATES THAT THE MOVING TAKES PLACE. THAT ALL DAMAGE TO UTILITY AND/OR PUBLIC OR PRIVATE PROPERTY WILL BE REPLACED, REPAIRED, RENEWED UNDER THE SPECIFICATIONS AND SUPERVISION OF AUTHORIZED PERSONNEL OF THE UTILITY COMPANIES AND/OR THE CITY OF MT. VERNON, ILLINOIS.

APPLICANT'S SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 20_____

(SEAL)

City Clerk or Designee

This Application has been reviewed and approved by the City Manager/or his/her Designee pursuant to the Code of Ordinances.

CITY MANAGER

DATE

DATE OF ISSUE: _____

COST: \$100 PER ANNUM

LICENSE #: _____

EFFECTIVE DATE: _____