

# Moving Permit

(No Fee Required)

## Approximate Moving Date:

|  |  |                              |  |
|--|--|------------------------------|--|
| <b>Check if:</b>                               | <b>Check if:</b>                                 | <b>Landlord Information:</b> |  |
| <input type="checkbox"/> New House Constructed | <input type="checkbox"/> Single Family           | Landlord Name:               |  |
| <input type="checkbox"/> Owner - Resale        | <input type="checkbox"/> Townhouse / Twin        | Landlord Address:            |  |
| <input type="checkbox"/> Tenant                | <input type="checkbox"/> Apartment / Rental Unit | Address:                     |  |
|  |  | Landlord Phone:              |  |

### PRIMARY:

|                       |   |                                |              |
|-----------------------|---|--------------------------------|--------------|
| _____<br>Last Name    | _____<br>First Name                       | _____<br>M.I.                  | _____<br>Age |
| _____<br>From Address | _____<br>(include unit no. if applicable) | _____<br>From City, State, Zip |              |
| _____<br>To Address   | _____<br>(include unit no. if applicable) | _____<br>To City, State, Zip   |              |

### ADDITIONAL FAMILY MEMBERS:

|                             |                     |               |              |
|-----------------------------|---------------------|---------------|--------------|
| _____<br>Last Name (Spouse) | _____<br>First Name | _____<br>M.I. | _____<br>Age |
| _____<br>Last Name          | _____<br>First Name | _____<br>M.I. | _____<br>Age |
| _____<br>Last Name          | _____<br>First Name | _____<br>M.I. | _____<br>Age |
| _____<br>Last Name          | _____<br>First Name | _____<br>M.I. | _____<br>Age |

### CONTACT INFORMATION / COMMENTS:

|                        |                  |  |
|------------------------|------------------|--|
| _____<br>Phone Number: | _____<br>E-mail: | <input type="checkbox"/> Interested in volunteering. |
|------------------------|------------------|--|

**Signature of Applicant:** \_\_\_\_\_

### TOWNSHIP USE ONLY:

Note: Please use reverse side if additional space is needed for more people

|                                    |                              |  |
|------------------------------------|------------------------------|--|
| _____<br>Date Application Received | _____<br>Date Permit Issued  | _____<br>Approved By: (Township Personnel) |
| _____<br>Occupancy Permit Number   | _____<br>Use Permit Verified | _____<br>Date Occupancy Permit Issued      |