

Planning and Building Agency Planning Division 20 Civic Center Plaza P.O. Box 1988 (M-20) Santa Ana, CA 92702 (714) 647-5804

STRUCTURE RELOCATION PERMIT APPLICATION

Address Being Relocated To:		
-		Suite/Unit:
		Zip Code:
Address Being Relocated From:		
Street Address:		Suite/Unit:
City:	State:	Zip Code:
Owner Name:		
		Suite/Unit:
City:	State:	Zip Code:
Phone No.:		
Contact Name:	Pho	ne No.:
Estimated Value of Structure: Square Footage of Structure: (excluding porches, breezeways, g Type of construction (e.g., framing	garage)	
Design of Structure (e.g., single far	mily/duplex, number of levels/	rooms):
Structural Quality (including repairs	s or alterations to be made): _	
Appearance (e.g., architectural sty	le, window type, roof style, ex	terior materials/colors):

REQUIRED SUBMITTALS:

- 1. Submit three (3) copies of a fully dimensioned site plan, floor plan, and complete elevations.
- 2. Attach photographs of the project site, surrounding properties, and structure to be relocated.
- 3. Submit certification from a licensed housing inspector that all units to be relocated are free of hazardous or toxic materials (asbestos, lead paint, etc.)