



BUILDING MOVING REVIEW FORM

OWNER INFORMATION		CONTRACTOR INFORMATION	
Name:		Name:	
Address:		Address:	
Phone:	Fax:	Phone:	Fax:

Approximate Move Date(s): _____

Proposed Building Location: _____

Applicant signature: _____

PRIOR TO ISSUANCE OF ANY PERMIT TO MOVE A BUILDING, PLEASE HAVE THE FOLLOWING AGENCIES MAKE COMMENTS.

<u>ORGANIZATION</u>	<u>PHONE NUMBER</u>	<u>SIGNATURE</u>	<u>DATE</u>	<u>COMMENTS</u>
<u>Xcel Energy</u>				
Gas	385-1001	_____	_____	_____
Electric	385-1002	_____	_____	_____
3930 Pepin Avenue				
<u>Qwest</u>	388-2888			
1193 Brick Avenue				
<u>Charter Communications</u>	952-432-2575 ext 3012			
2233 Old West Main St.	Fax# 952-432-5765			
<u>City of Red Wing</u>				
Utilities Dept.	385-3674	_____	_____	_____
Public Works Dept.	385-3674	_____	_____	_____
City Engineer	385-3623	_____	_____	_____
Planning Dept.	385-3623	_____	_____	_____
Police Dept.	267-2610	_____	_____	_____
Fire Dept.	385-3621	_____	_____	_____
<u>Goodhue County</u>				
Assessors Office	385-3006	_____	_____	_____

No building shall be demolished prior to the issuance of any necessary PERMITS and the completion of this form, including filing it with the City of Red Wing. Applicant is responsible to understand and adhere to all comments from the above listed agencies, and follow up by phone when necessary.