

## Dickinson County Highway-Moving Permit

Permit No	Date:		Permit Fee \$100
Applicant Name:			_
Address:	City	y: [	
Contact Person:	Ema	il:	
Phone:	Cell:		
to move the below de	A. Chapter 17, Article 19, as amended, per stailed structure of a height sixteen (16) fe ys, from the starting location to the ending	et high or more over and acr	oss certain public highways,
Type of Structure	:		
Please outline pro	posed route on the map on the opp	osite side of this permit	<u>.</u>
Applicant(s) Signatur	re Applic	cants Printed Name	
holder must contact move to allow for no (Holder of this perm location of the movin	be in effect for a period of thirty (30) days the Dickinson County Road & Bridge I otification of emergency services person at shall give all effected utilities not less that ag operation. Should the moving operation wenty-four (24) hours prior to the actual of	Department at 785-263-312 nel if needed.  nan fifteen (15) days written in be delayed, then notice sha	20 on the day of the actual notice of the time and
Road & Bridge Appro	oval		
	Witness my hand and seal this	s day of	, 20

County Clerk

## Dickinson County, Kansas

