



STRUCTURE MOVE APPLICATION

(PLEASE PRINT CLEARLY)

Owner Information

Moving From: _____
Moving to: _____
Subdivision: _____ Section: _____ Lot: _____ Block: _____
Date of Move: _____ to _____

Moving Company Information

Company Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____

Permits Division, P.O. Box 319, Leander, Texas 78646-0319
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