

Date of Application: _____



Moving Permit Application

Description of item being moved: _____

Date of Move: _____

Original location (must provide route through City): _____

End location: _____

Applicant Information

Name: _____ Phone _____

Address: _____

Email Address: _____

Property Owner Information (if different than Applicant)

Name: _____ Phone _____

Address: _____

Email Address: _____

City of Santa Clara
1653 N Santa Clara Rd., Santa Clara, TX 78124
830 914-443
Office hours: Monday – Thursday 9:00 AM- 2:00 PM

Office Use

Moving Permit # _____ Issue on: _____

FEES:

Application fee: \$25.00

Moving permit fee: \$500.00

Fees paid: _____