



VILLAGE OF SAGAPONACK

PO Box 600
3175 Montauk Highway
Sagaponack, NY 11962
www.sagaponackvillage.org
631-537-0017 631-537-0612 (FAX)

Application To Move Building Over Village Streets

Date: _____

Name of Applicant: _____

Contact Number for Applicant: _____ Email: _____

Motor Carrier Information:

Name: _____

Address: _____

Phone/Cell: _____

Name of Liability Insurance Carrier: _____

Property Address where building will be moved from: _____

Property Address where building will be moved to: _____

Anticipated Date and Time Frame of Move: _____

Size of Building to be moved: Overall Length: _____ Overall Height: _____ Overall Width: _____

Brief description of logistics of the move and equipment to be used: _____

Signature of Applicant

Printed Name of Applicant

Date

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FOR OFFICE USE ONLY

Date of Approval by the Board of Trustees: _____

Signature of Village Clerk or Building Inspector: _____

Comments or Special Conditions: _____

