



**Mobile Home Moving Application**  
**FAX: (903) 693-3882**

Permit Fee: (circle one)  
Single Wide Mobile Home \$100  
Double Wide Mobile Home \$200

Date \_\_\_\_\_

Receipt No. \_\_\_\_\_

**Mover:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone \_\_\_\_\_

**Owner:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

A permit is hereby requested to move the following building and/or structure, upon, along or across the public streets or highways in the City of Carthage in accordance with Chapter 13, Article V of the Municipal Code.

**Moving from:** Address \_\_\_\_\_

**Moving to:** Address \_\_\_\_\_

Route as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE MOVED ON:** DATE \_\_\_\_\_ TIME \_\_\_\_\_

Actual Height when loaded: \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_  
(Actual overall) (Actual overall)

**APPROVALS REQUIRED**

Building Official: 903-692-2095  
\_\_\_\_\_

Texas Department of Transportation Permit# \_\_\_\_\_ / \_\_\_\_\_

Texas Department of Motor Vehicles License# \_\_\_\_\_

City of Carthage Permit# \_\_\_\_\_

I hereby acknowledge I have read this application and state the information given is correct. I agree to comply with all ordinances of the City of Carthage and the State of Texas regulating moving structures.

Applicant printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

This Permit form is required to be completed and returned NO LATER than 5 days prior to the move of the structure.  
Please plan accordingly.