



City of Clovis, New Mexico
Department of Building Safety, P.O. Box 760, Clovis, NM 88102

MOVERS APPLICATION/PERMIT
HOUSE/STRUCTURE/MANUFACTURED HOME

DATE: _____
APPLICANT OR BUSINESS NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
MOVER NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
STATE OF NM MOBILE HOME MOVER LICENSE NUMBER: _____
CITY OF CLOVIS BUSINESS REGISTRATION NUMBER: _____

DETAILS REGARDING STRUCTURE BEING MOVED:

OWNER NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PROPERTY OWNER NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
MAKE OF MH: _____ SERIAL # _____
DATE TO BE MOVED: _____ SIZE OF STRUCTURE: _____
LOCATION MOVED FROM (INCLUDE BUSINESS NAME IF APPLICABLE):

DESTINATION LOCATION (ADDRESS):

LEGAL DESCRIPTION:

ADDITION: _____ TRACT: _____ BLOCK: _____

LOT: _____

CURRENT ZONING: _____ FLOOD PLAIN ZONE: _____

COMMENTS: Permit is good for thirty (30) days. Permit must be in possession while structure is in transit and during set up. All zoning regulations must be complied with within the thirty (30) days.

ADDITIONAL COMMENTS:

APPLICANT SIGNATURE: **x** _____

PERMIT ISSUED BY: _____ DATE: _____