

City of Andover  
1609 E Central Ave  
Andover, KS 67002



Phone (316) 733-1303  
(316) 977-9422  
Fax (316) 977-9482  
[bldg-insp@andoverks.gov](mailto:bldg-insp@andoverks.gov)

**FEE: \$100.00**

## **CITY OF ANDOVER – MOVING OF STRUCTURE PERMIT**

This application is for relocation and installation of any structure within the City of Andover city limits. As "permitted" under the City of Andover's Code, Chapter 4, Article 8, 4-801 Moving of Structures

**APPLICANT ADDRESS** \_\_\_\_\_

**APPLICANT NAME & PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**PRESENT LOCATION OF STRUCTURE** \_\_\_\_\_

**DESTINATION SITE LEGAL DESCRIPTION (ATTACH DEED) & STREET ADDRESS** \_\_\_\_\_

**GENERAL DESCRIPTION (TYPE OF SIDING, ROOFING, CONSTRUCTION)** \_\_\_\_\_

**AGE OF STRUCTURE** \_\_\_\_\_ **HEIGHT OF STRUCTURE** \_\_\_\_\_

**STATEMENT OF INTENDED REMODELING/RECONSTRUCTION/ADDITIONS (ATTACH IF NEEDED):** \_\_\_\_\_

**THE FINISHED STRUCTURE WILL COMPLY WITH ALL CITY CODES AND ZONING REQUIREMENTS ( YES , NO )**

**IS THE STRUCTURE MODULAR/SECTIONAL? ( YES, NO )**

**CURRENT/PROPOSED USE (E.G., SINGLE-FAMILY RESIDENCE, BUSINESS):** \_\_\_\_\_

**TARGET MOVE/RELOCATE START DATE:** \_\_\_\_\_ **TARGET COMPLETION DATE:** \_\_\_\_\_

\_\_\_\_\_ **I ACKNOWLEDGE THE STRUCTURE MUST BE MOVED, RELOCATED, AND FULLY COMPLETED  
WITHIN 6 MONTHS OF PERMIT ISSUANCE.**

**PROPOSED ROUTE WITHIN ANDOVER/CROSSING JURISDICTIONS:** \_\_\_\_\_

**Please include a detailed foundation plan for the footing and stem wall, or basement  
if applicable, upon which the structure is to be situated and its relationship to lot lines  
and corners of the site involved.**

**In addition, please include photographs of all sides of said structure, if later required by the City Clerk  
or Building Inspector.**

**While Article 8 governs relocation approvals, moving a structure on public roads may require:**

- Special oversize/overweight permits from KDOT or local road authorities.**
- Approved route, traffic control, utility coordination, and police escort if needed.**

Each application must include a \$2,500 indemnity bond, provided through a licensed insurance carrier, cash deposit, or a qualified surety. The surety must live within 30 miles of Andover or within Butler County and must swear to have a net worth over \$7,500. The bond ensures the applicant complies with all City regulations, avoids damage to streets and utilities, and completes the structure within the required time. If the structure is not completed on time, the City may use the bond to finish or demolish the structure and restore the site.

The City may approve or reject any proposed surety.

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**PERMIT APPROVAL REQUIRED BEFORE STARTING ANY WORK**

*By signing, I/we certify that the information provided is true and complete; that I/we will comply with Article 8 of Chapter IV and all other applicable codes and regulations; and that I/we understand the indemnity bond and completion deadlines. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.*

The **QUALIFIED PERSON** must always sign.

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(Print) Name of Contractor

Signature of Contractor

Date

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(Print) Name of Owner

Signature of Owner

Date

**For City Use Only**

Application No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Fee Received: \$100 Check No.: \_\_\_\_\_

Bond Type:  Commercial  Cash  Personal Surety

Building Inspector Site Review Completed:  Yes Date: \_\_\_\_\_ Report attached:  Yes

Public Hearing Date: \_\_\_\_\_ Notice mailed: \_\_\_\_\_ (14 days prior to Public Hearing)

Governing Body Action:  Approved  Denied Date: \_\_\_\_\_ Conditions: \_\_\_\_\_

Building Permit No.: \_\_\_\_\_ Permit Issue Date: \_\_\_\_\_ Completion Due (6 months): \_\_\_\_\_

Final Compliance Verified:  Yes Date: \_\_\_\_\_ By: \_\_\_\_\_