

Building Move Application



Return Instructions: Submit your application and map showing proposed route to:
E-mail: co-non-design-central@we-energies.com
Mail: We Energies Central Group, P.O. Box 2046, Milwaukee, WI 53201
Fax: 262-574-6401 or 800-632-1460
Questions: Visit we-energies.com or call 866-423-0364

Building Information

Present address of building: _____

City: _____ State: _____ ZIP: _____

Future address of building: _____

City: _____ State: _____ ZIP: _____

Building height: _____ (ft.) Building height on trailer: _____ (ft.) Turning radius: _____ (ft.)

Building width: _____ (ft.) Building width on trailer: _____ (ft.)

Note: Be certain that the height of the building is accurate; a one-foot discrepancy may make the move impossible over the selected route.

Owner Information

Building owner: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Fax: _____

E-mail: _____

Social Security No.: _____ or Tax ID No.: _____

Note: Social Security Number or Tax ID is required for any potential refund.

Moving Contractor Information

Company Name: _____ Company Phone: (_____) _____

Contact Name: _____ Contact Phone: (_____) _____

E-mail: _____ Fax: (_____) _____

Address: _____ Preferred Contact Method: Phone E-mail

City: _____ State: _____ ZIP: _____

Schedule of Building Move

Date of building move: _____ Start time: _____ (a.m. / p.m.) Expected duration time: _____ (hrs.)

Alternate rain date: _____ Start time: _____ (a.m. / p.m.)

Authorization

I certify that I own or am the authorized representative of the person(s) who owns the property indicated in this application. I certify the information provided is accurate and agree to promptly inform We Energies of any plan revisions. If the building move requirements differ from what is submitted on this application, I understand these changes may result in delays and/or a change in cost to me.

Signature: _____ Date: _____

Printed name: _____