



RAZING PERMIT APPLICATION

CITY OF ANTIGO BUILDING INSPECTOR AND ZONING ADMINISTRATOR
700 EDISON STREET, ANTIGO, WISCONSIN 54409
PHONE: 715.623.3633 x134 Fax 715.627.7099
rmusolff@antigo-city.org

ALL INFORMATION MUST BE PRINTED AND LEGIBLE

PERMIT EXPIRES _____ PERMIT NUMBER _____

OWNERS NAME _____	CONTRACTOR: _____
OWNERS ADDRESS: _____	CONTRACTOR CREDENTIAL # _____
CITY: _____ STATE _____ ZIP _____	QUALIFIER # _____
PHONE NUMBER: _____	CONTRACTOR ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	PHONE _____
	EMAIL _____

ADDRESS OF STRUCTURE TO BE DEMOLISHED _____
BEGINNING DATE OF DEMOLITION: ___/___/___
COMPLETION DATE OF DEMOLITION: ___/___/___

DISPOSAL OF ANY HAZARDOUS OR TOXIC MATERIALS
LIST OF MATERIALS FOR DISPOSAL: _____

DESCRIPTION OF METHOD OF DISPOSAL: _____

WARNING: This section applies to commercial projects or dwelling units of more than 4 units. It does not apply to residential dwellings. Form 4500-113 must be filed with WDNR prior to demolition and must be on file with WDNR more than 10 days before demo starts. (ref. Chapter 447 State Admin. Code) Dept. of Health & Family Services must also be notified if asbestos is removed (715.836.6688)

LOCATION OF DISPOSAL SITE OF DEMO MATERIALS: _____

DEMOLITION METHOD: _____

PROTECTION OF NEIGHBORING PROPERTIES

DESCRIPTION OF WATER RUNOFF PROTECTION: _____
DUST & DEBRIS PROTECTION: _____

REQUIRED ATTACHMENTS:

UTILITY RELEASE _____ INSURANCE DECLARATION _____ PRE-DEMO CHECK LIST _____ PERMIT FEE \$50.00

INSPECTOR'S STATEMENT

PERMIT ISSUED BY

Name: _____

Certification Number: _____ Date: _____

Phone: 715.623.3633 x 134

APPLICANT SIGNATURE

INSPECTOR SIGNATURE