



PRE-DEMOLITION CHECKLIST

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

OWNER'S NAME _____ CONTRACTOR: _____

OWNER'S ADDRESS _____ CONTRACTOR ADDRESS: _____

CITY _____ STATE _____ ZIP: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ PHONE: _____

PROJECT ADDRESS: _____

CITY CONTACT: _____ PHONE: _____

CONSULTANT: _____ PHONE: _____

HAZARDOUS OR TOXIC MATERIALS

ASBESTOS INSPECTOR: _____ CERTIFICATION NUMBER: _____

DATE OF INSPECTION: ___/___/_____ REPORT ATTACHED: YES ___ NO ___

ELECTRICAL

REMOVAL OF FLUORSCENT FIXTURES/BALLASTS/HVAC, ETC.

LOCATION IN BUILDING _____

DATE REMOVED: ___/___/___ REMOVAL COMPANY NAME: _____

COMPANY PHONE _____ DISPOSAL LOCATION: _____

MISCELLANEOUS

FUEL CONTAINERS SUCH AS GAS/OIL, FUEL OIL, PAINT (OIL BASED AND LATEX) MERCURY THERMOSTATS

DESCRIPTION: _____

LOCATION IN BUILDING: _____

DATE REMOVED: ___/___/___ DISPOSAL LOCATION: _____

PERSON OR COMPANY DOING REMOVAL: _____

NOTIFICATIONS TO DNR & DHFS---(WDNR FORM 4500-113 REV. 08/11—4 PAGES)

PREPARED BY: _____ DATE: ___/___/___ COPY ATTACHED: ___YES ___ NO

ABATEMENT CONTRACTOR: _____ START DATE: ___/___/_____

DEMOLITION CONTRACTOR: _____ START DATE: ___/___/_____

NO DEMOLITION ALLOWED UNTIL 10 DAYS AFTER 4500 FORM IS FILED
DHFS CONTACT PERSON IS DAVE SCHMIDT 715-836-6688

NO ABATEMENT OR DEMOLITION IS ALLOWED UNTIL CHECKLIST IS COMPLETE AND ALL REQUIRED DOCUMENTS ARE ATTACHED.