



**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  
[bmccarthy@antigo-city.org](mailto:bmccarthy@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

<b>INSPECTOR'S STATEMENT</b>
_____
_____
_____

<b>PERMIT ISSUED BY</b>
Name: _____
Certification Number: _____ Date: _____
Phone: 715.623.3633 x 134

_____	_____
APPLICANT SIGNATURE	INSPECTOR SIGNATURE