



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

ALL INFORMATION MUST BE PRINTED AND LEGIBLE

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 _____ _____ _____

APPLICANT SIGNATURE

INSPECTOR SIGNATURE