RAZING PERMIT APPLICATION

CITY OF ANTIGO BUILDING AND ZONING DEPT
700 EDISON STREET, ANTIGO, WI 54409
BUILDING/ZONING ADMIN: BETH MCCARTHY bmccarthy@antigo-city.org
BUILDING/ZONING ADMIN ASST: TERRY KUBIACZYK tkubiaczyk@antigo-city.org
PHONE: 715.623.3633 x134/120

ALL INFORMATION MUST BE PRINTED AND LEGIBLE

PROJECT TYPE AND FEES: ☐ **ACCESSORY BUILDING** ($40 fee) ☐ **PRIMARY STRUCTURE** ($100 fee)

OWNERS NAME: _____

OWNERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

BUSINESS NAME: _____

CONTRACTOR'S NAME: _____

ADDRESS: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE #: _____

CONTRACTOR'S CREDENTIAL #: _____

QUALIFIER #: _____

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 ☐

INSPECTOR'S STATEMENT:

_____

_____

_____

_____ _____

APPLICANT SIGNATURE INSPECTOR SIGNATURE