



Town of Oconomowoc
W359 N6812 Brown Street
Oconomowoc, WI 53066

Date _____

Building Permit # _____

Tax Key # _____

Application For Razing Permit

Project Location: _____

Owner Name: _____ Phone: _____

Owner Address: _____ City: _____ Zip: _____

Contractor: _____ Phone: _____

Contractor Address: _____ City: _____ Zip: _____

Before a permit can be issued to demolish or remove a building, the owner/applicant will complete and submit all of the pre-permit information and before the building inspector can issue a razing permit. (Information attached.)

SPECIAL PROVISIONS:

Excavation will be filled with a solid clean fill to match a lot grade within (5) five days of removal of structure. Any excavation will be protected with appropriate fences, barriers, and erosion control measures. Asbestos, underground tanks, and any other health, safety or environmental site conditions will be properly addressed by the owner / applicant. **Note: The owner/applicant will be responsible for the disposal of all material pertaining to this RAZING PERMIT.**

CONDITIONS OF APPROVAL: _____

The applicant agrees to comply with all information pertaining to this **RAZING PERMIT.**

Signature of Applicant _____ Date _____

Permit Fee: _____ Approval of Authorized Person: _____