



# Town of Sheboygan

1512 N. 40<sup>th</sup> St  
Sheboygan, WI 53081  
Phone (920) 451-2320  
Fax (920) 451-2323

## APPLICATION FOR RAZING PERMIT

**NOTICE:** It is necessary to check with the Town Utility Departments for water and sewer services to the property to be razed. Abandonment of any existing services would require inspection from the Department of Public Works.

Date \_\_\_\_\_ Permit No. \_\_\_\_\_

Phone No. \_\_\_\_\_ Fee **\$50.00**

Location of Structure \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Applicant Name (If different than owner) \_\_\_\_\_

**CAUTIONARY STATEMENT REQUIRED IF OWNER IS APPLYING OR CONTRACTOR HAS NO CERTIFICATION NO.**

Describe Work to be Done \_\_\_\_\_

Cost of Work to be Done \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Contractor's License Certification No. \_\_\_\_\_ Phone No. \_\_\_\_\_

**BE ADVISED THAT NO PART OF STRUCTURE SHALL PROJECT BEYOND THE LOT LINE.**

Remarks \_\_\_\_\_

The undersigned hereby applies for a permit to do the work above described, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and it is further agreed to construct, alter, repair and install in strict compliance with the Building Ordinance and other Ordinances of the Town of Sheboygan and the State Building Code of Wisconsin and to obey any and all lawful orders of the Inspector of buildings of the Town of Sheboygan. The privilege as granted above is granted only on the condition that by the acceptance of the privilege, the said undersigned, shall become primarily responsible and liable for any and all damage to persons or property caused by and arising from the grant and exercise of such privilege.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This permit expires six (6) months from date of issuance.**