



# Town of Sheboygan

## RAZING/WRECKING PERMIT APPLICATION

Date \_\_\_\_\_

Submit to:  
**Town Hall Office**  
 1512 N 40<sup>th</sup> St  
 Sheboygan, WI 53081  
 Phone 920-451-2320  
 Fax 920-451-2323

**1. PROPERTY:**

Address: \_\_\_\_\_

Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_

Building/Structure     Residential     Commercial     Industrial     Institutional     Accessory

Building Size (L x W x H) \_\_\_\_\_ Residential Units \_\_\_\_\_

**2. RAZING CONTRACTOR:**

Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Contact \_\_\_\_\_

**3. CONTACT THE FOLLOWING:** To verify the service location, removal, disconnection, or abandonment prior to razing the structure.

<b>EXCAVATION:</b>		
Diggers Hot Line 800-242-8511	Excavation Service Order #	Contact Name:
<b>PRODUCTS CONTAMINATION ABATEMENT:</b>		
Asbestos Company Name:	Phone Number:	Contact Name:
Mercury Company Name:	Phone Number:	Contact Name:
<b>SERVICE UTILITIES: (Signatures required)</b>		
WISCONSIN PUBLIC SERVICE	Charter Communications	TOWN FIRE DEPARTMENT
ALLIANT ENERGY	TOWN PUBLIC WORKS DEPARTMENT	TOWN SEWER DEPARTMENT
AT & T	TOWN WATER DEPARTMENT	

Date work to Commence \_\_\_\_\_ Project Cost \$ \_\_\_\_\_

Signed \_\_\_\_\_ Contractor/Owner

Date \_\_\_\_\_ Permit fee \_\_\_\_\_