

TAX PARCEL #: _____ PERMIT #: _____
RECEIPT #: _____ ZONING: _____

OFFICE USE ONLY ABOVE LINE

RAZING PERMIT APPLICATION

CITY OF STEVENS POINT INSPECTION DEPT. | 1515 STRONGS AVE, STEVENS POINT, WI 54481 | 715-346-1567

DATE _____

PROPERTY OWNER: _____

OWNER ADDRESS: _____

OWNER PHONE #: _____ OWNER EMAIL: _____

SITE ADDRESS: _____

RAZING Cost (Labor & materials): _____ Accessory Building Fee: _____
Principal Building Fee: _____

Work Details: (Demolition)

Contractor: _____ Tele #: _____ Mobile #: _____

Address: _____ Email: _____

Bond Information: _____

Date of Work Start: _____ Date of Expected Completion: _____

Total Cost of Project: _____ Total Fees: _____

Fees

Residential: Principal (\$100 per), Accessory (\$50 per)

Commercial: Principal (\$200 per), Accessory (\$50 per)

NOTE: ALL MATERIALS MUST BE REMOVED FROM THE SITE AND THE SITE MUST BE FILLED AND LEVELED.

DISCLAIMER:

If required by the Wisconsin Department of Natural Resources (WDNR) and/or State or federal regulations, prior to demolition the owner, owners agent, or contractor shall provide evidence that the structure and related items to be razed, above or below ground, do not contain hazardous or regulated substances as defined by the State of Wisconsin or US Environmental Protection Agency (USEPA), including but not limited to; asbestos, lead paint, and other solid or hazardous waste. If such substances are present, an abatement and/or remediation plan to be used during demolition shall be provided including measures to prevent off site release and protect the health and safety of the surrounding residents and general public. Regardless of the type of structure demolished the contractor shall be required to provide the name and location of the approved waste disposal site, and after disposal a receipt or other evidence of proper disposal from said facility accepting these materials shall be provided to the City. If the contractor does not provide these documents to the City within 5 days of razing, no further or future permits will be issued to the contractor for no less than twelve months. This shall provision shall not apply to materials salvaged or specific approvals or waivers from the State of Wisconsin or USEPA.

Print Name of Owner/Applicant: _____

Signature of Owner/Applicant: _____ Date: _____