

Application No. \_\_\_\_\_ Fee \_\_\_\_\_  
APPLICATION for RAZING Permit in the City of Weyauwega, WI

Box 578, 54983

Owner's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Owners Address \_\_\_\_\_

Building Site Address (if different) \_\_\_\_\_

Owner's Agent : Name and Address \_\_\_\_\_

General Contractor \_\_\_\_\_ Telephone # \_\_\_\_\_

PROPERTY DESCRIPTION: Tax/property number \_\_\_\_\_

Subdivision \_\_\_\_\_ Block # \_\_\_\_\_ Lot(s) \_\_\_\_\_

If a metes and bounds property description, attach copy of legal description  
Surveyors Name \_\_\_\_\_

ZONING DISTRICT: \_\_\_ Residential A \_\_\_ Residential B \_\_\_ Commercial

Check One: \_\_\_\_\_

\_\_\_ Industrial A \_\_\_ Industrial B

Number of Dwelling Units (if any) \_\_\_\_\_

Description of Work Planned: \_\_\_\_\_

CONSTRUCTION SPECIFICATIONS: Length \_\_\_\_\_ Width \_\_\_\_\_ Square Feet \_\_\_\_\_

Type of : Foundation wall \_\_\_\_\_ Roof Material \_\_\_\_\_

Height of Structure \_\_\_\_\_ Number of Stories \_\_\_\_\_

ESTIMATED TOTAL COST TO COMPLETE PROJECT \$ \_\_\_\_\_ Start Date \_\_\_\_\_

The undersigned hereby applies for a permit to do work according to the above description and the specifications submitted herewith. The undersigned agrees that such work will be done as described, and that it will comply with all applicable State of Wisconsin requirements, including but not limited to the Wisconsin One and Two Family Dwelling code, and ordinances of the City of Weyauwega, Wisconsin.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

RAZING Permit Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Building Inspector

Application Denied: Reason \_\_\_\_\_ Date \_\_\_\_\_

Razing Permits shall lapse and be void unless the work authorized thereby is commenced within six months from the date thereof or completed within thirty days from the date of commencement of said work. Any unfinished portion of work remaining beyond the required thirty days must have special approval from the Building Inspector.