

CITY OF SCHOFIELD

351 ALDERSON STREET - SCHOFIELD, WISCONSIN
54476

WRECKING PERMIT APPLICATION

Property Owner: _____ Phone #: _____

Address: _____ City / State: _____

Property Owner Signature: _____ Date: _____
.....

Applicant: _____ Phone #: _____

Address: _____ City / State: _____

Applicant Signature: _____ Date: _____
.....

Address of property to be razed: _____

Parcel #: _____ Type of Bldg: _____

Disposition of building materials: _____

.....
Conditions of issuance of wrecking permits:

- 1.) It is the responsibility of the owner / wrecking contractor to coordinate the disconnection of all utilities, including electricity, sewer, water, gas, fuel, and cable.
- 2.) All open excavations shall be properly protected / fenced until filled.
- 3.) All excavations shall be filled level to grade with clean fill materials.
- 4.) The owner / wrecking contractor is responsible for all State, County, and DNR approvals necessary, including but not limited to Asbestos certification.
- 5.) Wrecking permit approval does not warrant the issuance of any replacement building permits, nor shall it be construed as any permission to start building.
- 6.) Wrecking shall be completed within 30 days after commencement.
- 7.) Wrecking permits are issued in accordance with Schofield Municipal Code Section 11-472.

Issued by: _____ Date: _____

Permit Fee: \$ _____ **PERMIT NUMBER ISSUED:** _____

Additional conditions of issuance: _____

