



RAZE PERMIT APPLICATION
8811 CAMPUS DR, MT PLEASANT, WI 53406
PH 262-664-7800 FAX 262-664-7801
www.mtpleasantwi.gov

DATE _____

PERMIT # _____

Name of Property Owner _____ Phone _____

Address of Property Owner _____

Address (Location of Permit) _____

Demo Contractor Name _____ Phone _____

Demo Contractor Address _____

Building Type to be Razed _____ Square Feet _____

Was Condemnation Order Issued? Y [] N [] Date _____

Fee: \$75.00 Minimum plus \$.10/sq. ft. = Total \$ _____

This permit is not valid until all of the below listed signatures are obtained

SANITARY SEWER SERVICE _____
Plumbing Inspector Date

WATER SERVICE _____
(Private or Public) Plumbing Inspector or Utility Rep. Date

GAS SERVICE _____
We Energies Rep. Date

ELECTRIC SERVICE _____
WE Energies Rep. Date

BUILDING INSPECTOR _____
Date

Asbestos inspection must be performed by a DHFS certified asbestos inspector and the report submitted to the building inspector.

Name of Asbestos Inspector _____

DNR Form 4500-113 (Notification of Demolition) must be Submitted if Applicable