

Mt Pleasant Raze Permit Application

Permit # \_\_\_\_\_

8811 Campus Dr, Mt Pleasant, WI 53406

PH 262-664-7824 / 262-664-7825

Website: [www.mtpleasantwi.gov](http://www.mtpleasantwi.gov)

Email: [buildinginspection@mtpleasantwi.gov](mailto:buildinginspection@mtpleasantwi.gov)

Name of Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address of Property Owner \_\_\_\_\_

Address (Location of Permit) \_\_\_\_\_

Demo Contractor Name \_\_\_\_\_ Phone \_\_\_\_\_

Demo Contractor Address \_\_\_\_\_

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

Building Type to be Razed \_\_\_\_\_ Square Feet \_\_\_\_\_

Was Condemnation Order Issued? Y  N  Date \_\_\_\_\_

**Fee: \$80.00 Minimum + \$.10/sq. ft. = \$ \_\_\_\_\_** (\$800.00 max fee)

***\*This permit is not valid until all of the below listed signatures or letters 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