

Community Development  
Department

444 West Grand Avenue  
Wisconsin Rapids, WI54495-2780  
Ph: (715) 421-8228 • Fax: (715) 421-8291

## Permit Application Packet for Obtaining a Razing Permit

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The following items must be completed and submitted as a packet:

\_\_\_\_\_ Razing permit application (this item is all that is needed for accessory buildings; i.e., sheds and garages).

\_\_\_\_\_ Utility signoff sheet.

A copy of the Notification of Demolition and/or Renovation Form and Application for Permit Exemption (forms 4500-113) from the State of Wisconsin, Department of Natural Resources.

\_\_\_\_\_ **Please note that this is not required for the demolition of a single building that is less than 4 dwelling units.** If required, the original shall be submitted to the following DNR offices:

**Wisconsin Department of Natural Resources**

Asbestos Coordinator, AM/7  
Bureau of Air Management  
P.O. Box 7921  
Madison, WI 53707-7921

**Wisconsin Department of Natural Resources (West Central Region Service Center)**

473 Griffith Ave  
Wisconsin Rapids, WI 54494  
(715) 421-7869

**Department of Health & Family Services**

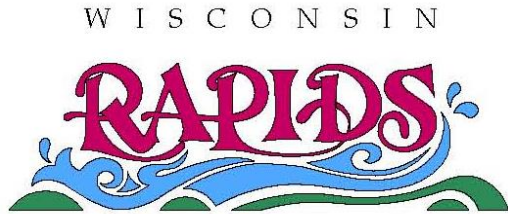
Division of Public Health - Asbestos/Lead (Pb) Section  
P.O. Box 2659  
Madison, WI 53701-2659  
(608) 261-6876

**For the Notification of Demolition and/or Renovation Form and Application for Permit Exemption (forms 4500-113) from the State of Wisconsin, Department of Natural Resources, please see the following website:**

<http://dnr.wi.gov/topic/Demo/Asbestos.html>

*I hereby certify and acknowledge that all of the above required information provided is true and accurate to the best of my knowledge.*

Applicant (Print): \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_



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### Razing Permit Application

**For Office Use Only**

Date:	Zoning:	Permit Fee:	Permit #:	Receipt #:
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**PROPERTY INFORMATION:**

Site Address:		Parcel #: 34-
Owner Name:		
Owner Address, City, State, and Zip:		
Owner Phone Number:	Owner Fax Number:	Owner Email Address:

**CONTRACTOR INFORMATION:**

Name:		
Address, City, State, and Zip:		
Phone Number:	Fax Number:	Email Address:

**PROJECT INFORMATION:**

Number of Buildings to be Razed	Type of Building(s) to be Razed	Project Description
Principal Bldgs: _____	<input type="checkbox"/> Single-Family	
Accessory Bldgs: _____	<input type="checkbox"/> Two-Family	
Total: _____	<input type="checkbox"/> Multiple-Family (Units: _____)	
Area of Buildings to be Razed	<input type="checkbox"/> Commercial	
Principal Bldgs:   Sq.Ft	<input type="checkbox"/> Manufacturing	
Accessory Bldgs:   Sq.Ft	<input type="checkbox"/> Warehouse	
Total:               Sq.Ft	<input type="checkbox"/> CBRF (8 or less persons)	
Estimated Cost to Raze Building(s)	<input type="checkbox"/> CBRF (more than 8 persons)	
\$ _____	<input type="checkbox"/> Garage	
Permit Fee to Raze Building(s)	<input type="checkbox"/> Accessory building (not garage)	
<b>Principal: \$60.00 each, + \$.08/sq.ft.</b>	<input type="checkbox"/> Other ( _____ )	
Fee: \$ _____ (max \$600.00)		
<b>Accessory: \$60.00 each, + \$.08/sq.ft.</b>	Well on Property	
Fee: \$ _____ (max \$600.00)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Liability Statement**

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I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

I understand that I shall contact the inspector(s) at the appropriate times throughout the project for the required inspection(s). If I shall fail to contact the inspector(s) for the required inspection(s), or if reinspections are required, I agree to pay the appropriate penalty fees and/or reinspection fees.

**Additional Responsibilities for Projects Disturbing One or More Acre of Soil**

I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

**Applicant (Print):** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval, Conditions, and Inspections**

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**Issuing Jurisdiction: City of Wisconsin Rapids**

**Approval Conditions**

This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit Approved by : \_\_\_\_\_ Date: \_\_\_\_\_

**Required Inspections**

- Sewer and water abandonment (prior to commencement of razing of structure)
- Storm sewer abandonment (prior to commencement of razing of structure)
- Foundation (after breaking walls down and prior to backfilling)
- Final inspection (after grading, seeding and mulching, or sodding is completed)
- Well abandonment (prior to covering)

*Sign-Off Departments for Securing a Razing Permit*

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**Address of Property Being Razed:** \_\_\_\_\_

The following Departments must sign off before a razing permit can be issued:

1. Dump site location: \_\_\_\_\_  
Equipment to be used for hauling debris: \_\_\_\_\_  
\_\_\_\_\_

2. Water meter and service removed:

**Water Works and Lighting**

221 16th Street South, Wisconsin Rapids, WI 54494

Ph: 715-423-6300 Fax: 715-423-2831

Approved: \_\_\_\_\_  
Water Works and Lighting

Date: \_\_\_\_\_

3. Electric meter(s) and service(s) removed:

**Water Works and Lighting**

221 16th Street South, Wisconsin Rapids, WI 54494

Ph: 715-423-6300 Fax: 715-423-2831

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

4. Gas meter(s) and service(s) removed:

**WE Energies**

1921 8th Street South, Wisconsin Rapids, WI 54494

Ph: (715) 423-2800

Approved: \_\_\_\_\_  
WE Energies

Date: \_\_\_\_\_

5. Sewer and water lines capped at front property line:

Approved: \_\_\_\_\_  
City Plumbing Inspector

Date: \_\_\_\_\_

6. Asbestos materials exist upon or within the structure: \_\_\_\_\_ Yes \_\_\_\_\_ No  
**(Documentation from Wisconsin Licensed Inspection firm required)**

Approved: \_\_\_\_\_  
City Building Inspector

Date: \_\_\_\_\_