



CITY OF WAUPACA, WISCONSIN

RAZE PERMIT APPLICATION

Date: _____

Submit to:
Mail: Inspection Dept.
City of Waupaca
111 South Main Street
Waupaca, WI 54981

1. PROPERTY:

Address: _____

Owner: _____ Mailing Address: _____

BUILDING/STRUCTURE: [] Residential [] Commercial [] Industrial [] Institutional [] Accessory

Building Size (L x W x H): _____ Residential Units: _____

2. RAZING CONTRACTOR:

Contractor: _____ Phone: _____

Address: _____ Contact: _____

3. CONTACT THE FOLLOWING: To verify the service location, removal, disconnection, or abandonment prior to razing the structure. Verification of disconnection and abatement shall be provided prior to issuance of permit.

EXCAVATION:
Diggers Hot Line 800-242-8511
Excavation Service Order #:
Contact Name:
PRODUCTS CONTAMINATION ABATEMENT:
Asbestos Company Name: Phone Number: Contact Name:
Mercury Company Name: Phone Number: Contact Name:
SERVICE UTILITIES:
Gas/Electric Company Waupaca Water Department City of Waupaca Inspector
Telephone Company
Date Work Will Commence:
Total Project Cost:

Signed: _____ Contractor/Owner (circle)

All work is to be performed in accordance with Wisconsin State Statute §66.0413

Prior to razing any structures please refer to the WI Department of Natural Resource's code requirements including NR 447 "Control of Asbestos Emissions" to help determine if your razing project requires an asbestos inspection and asbestos notification to the DNR.

FOR OFFICE USE ONLY: FEE: _____ PAID: _____ DATE: _____ INITIALS: _____

All debris is to be removed from the site in a timely manner. Any open excavations are to be protected and properly filled.

RAZE PERMIT