



VILLAGE OF CALEDONIA
 5043 Chester Lane Caledonia, WI 53402
 Phone (262)-835-6420

RAZING PERMIT APPLICATION

Permit No.
Parcel No.
Receipt No.

Project Address: _____

Project Description: _____

Square Feet: _____

CONTRACTOR (OR) APPLICANT:

Name: _____ **Cell #:** _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Dwelling Contractor License # _____ **Expiration Date:** _____

OWNER:

Name: _____ **Cell #:** _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

ALL FEES EFFECTIVE JANURARY 1, 2024

Condemnation Order Issued? *Yes* _____ *No* _____

PRINT CONTACT PERSON _____ **Phone:** (_____) _____

SIGNATURE OF APPLICANT _____ **Date:** _____

Sanitary Water Service _____
 _____ Plumbing Inspector _____ Date

Water Service _____
 (Private or Public) _____ Representative of the Utility or Plumbing Inspector _____ Date

Gas Service _____
 _____ Representative of Gas Company _____ Date

Electric Service _____
 _____ Representative of Electric Company or Building Inspector _____ Date

Caledonia Building Inspector _____
 _____ Date

<i>*Office Use Only*</i>	FEES:	REVIEWED BY:
Amount Due..... \$ _____		_____

**Applicant must arrange inspections with the Inspection Department at least 48 hours prior to desired appointment time.*