



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 Sewer 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>	<b>FEES:</b>	<b>REVIEWED BY:</b>
Amount Due..... \$ _____		_____

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