

CALEDONIA RAZING PERMIT APPLICATION
5043 CHESTER LANE, RACINE, WI 53402 262-835-6420

Date Received: _____ Date Issued: _____ Permit #: _____

Location: _____

CONTRACTOR (OR) APPLICANT:

Name: _____ Phone #: _____ W/C #: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

HOME OWNER:

Name: _____ Phone #: _____ ^{Work/}Cell #: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Description: _____

Square Feet _____ Estimated Cost of Job: _____ Total Cost: _____

ALL FEES EFFECTIVE JANUARY 1, 2006

Condemnation order was issued: Yes ___ No ___ Date: _____

Reviewed by: _____

This permit is null and void until all of the proper signatures appear on this form signifying their approval with the disconnection and capping.

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 _____

Copy of Razing Permit Application Given to V.O.C Assessors Office _____

Date _____