

CITY OF OCONOMOWOC

APPLICATION RAZING PERMIT

Date: _____ Permit #: _____ Tax Key: _____

Project Location: _____

Applicant Name: _____ Phone #: _____

Applicant Address: _____ City: _____ Zip: _____

Contractor: _____ Phone #: _____

Contractor Address: _____ City: _____ Zip: _____

Before a permit can be issued to demolish or remove a building, the owner/applicant will complete and submit all of the pre-permit information and must have the building inspector do a preliminary razing inspection. (Information attached).

SPECIAL PROVISIONS:

Excavation will be filled with a solid clean fill to match a lot grade within (5) five days of removal of structure. Any excavation will be protected with appropriate fences, barriers, and erosion control measures. Asbestos, underground tanks, and other health, safety, or environmental site conditions will be properly addressed by the owner/applicant. **Note: The owner/applicant will be responsible for the disposal of all material pertaining to this RAZING PERMIT.**

CONDITIONS OF APPROVAL:

The applicant agrees to comply with all information pertaining to this RAZING PERMIT.

Signature of Applicant: _____ Date: _____

Permit Fee: Base fee of \$50.00 per building + \$15.00/1,000 sq. feet: \$ _____

Approval of Authorized Permit: _____

Razing of a Building

Pre-Permit Information

Before a permit can be issued to demolish or remove a building, the owner/applicant will notify **all** utilities having service connections to the building. The owner/applicant will have a representative from each utility sign and date below, approving that their service connection has been removed, and/or plugged to their satisfaction. **After the appropriate utilities have signed off below, the Building Inspector must also do a preliminary razing inspection. A City of Oconomowoc Building Inspector can be reached at (262) 569-2195.**

Sanitary Sewer Utility Representative – (262) 569-2192

Signature: _____

Date: _____

Water Utility Representative – (262) 569-3199

Signature: _____

Date: _____

Electric Utility Representative – (262) 569-2196

Signature: _____

Date: _____

Storm Sewer Utility Representative – (262) 569-2191

Signature: _____

Date: _____

Gas Utility Representative – (1-800-236-9874)

Signature: _____

Date: _____

Date when demolition is to commence: _____ Date when demolition is to be complete: _____

A description of the method of demolition to be used: _____

A detailed description of how and where the waste materials resulting from the demolition will be transported and disposed of, including a description of the route to be used by trucks in hauling of the waste materials:

NOTE: A list of all hazardous waste and hazardous and toxic substances (as defined by Sec. NR 181.12 and NR 158.03 (4), Wis. Admn. Code as amended from time to time) contained in the building, a statement as to whether the building contains asbestos (as defined by Sec. 140.04 (1)(a), Wisc. Stats.), and a detailed list of any hazardous waste, hazardous and toxic substances, and asbestos. Owner/applicant will use current methods to prevent water runoff and soil erosion from the site to neighboring properties and to prevent releasing unreasonable amount of dust from the site.