



Village of Summit  
2911 N. Dousman Road  
Oconomowoc, WI 53066  
For inspection call:  
(262) 490-4141

Date \_\_\_\_\_

Building Permit # \_\_\_\_\_

Tax Key # \_\_\_\_\_

# Application For Razing Permit

Building(s) to be Razed: \_\_\_\_\_

Project Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner 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 before the building inspector can issue a razing permit. (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 any 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

\_\_\_\_\_  
Check Number Date Approved By