



Village of Summit
 37100 Delafield Rd
 Summit WI 53066
FOR INSPECTION CALL:
(262) 490-4141

Date: _____
 Building Permit #: _____
 Tax Key: _____
 Permit Fee: _____
 Check #: _____

APPLICATION FOR RAZING PERMIT

Building(s) to be Razed: _____

Project Location: _____

Owner Name: _____

Owner Address: _____

City: _____ Zip: _____ Phone: _____

Contractor: _____

Contractor Address: _____

City: _____ Zip: _____ Phone: _____

BEFORE a permit can be issued to demolish or remove a building, the owner/applicant must complete and submit all of the pre-permit information 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) 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 the RAZING PERMIT.

Signature of Applicant _____ Date: _____

Approved By: _____ Date: _____