

BLDG INSPECTION: PO Box 37 2400 Post Road Plover, WI 54467 715-345-5312		VILLAGE OF PLOVER PERMIT FOR RAZING / DEMOLITION				Application No.	
						Parcel No.	
Owner's Name		Mailing Address:				Tel.	
Contractor's Name: X Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.	
						FAX	
Contractor's Name: <input type="checkbox"/> Con <input checked="" type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.	
						FAX	
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input checked="" type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.	
						FAX	
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input checked="" type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.	
						FAX	
PROJECT LOCATION	Lot area	Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N,R _____ E(or)W					
Building Address:				Lot No.		Block No.	
Zoning District(s)	Zoning Permit No.	Setbacks:	Front	Rear	Left	Right	
			ft.	ft.	ft.	ft.	ft.
PROJECT DESCRIPTION							
Demo Building							
PROJECT COST: N/A							
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, and the assessor permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.							
APPLICANT'S SIGNATURE				DATE SIGNED			
APPROVAL CONDITIONS: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.							
SEWER & WATER TO BE CAPPED OFF AT LOT LINE – CALL FOR INSPECTION BEFORE BACK FILLING. DEBRIS NOT TO BE BURIED ON							
SITE EXCEPT FOR CONCRETE, MASONRY OR STONE. SITE TO BE GRADED, TOP SOILED, AND SEEDED WITHIN 30 DAYS OF							
DEMOLITON. POSSIBLE ASBESTOS TESTING REQUIRED. Not applicable if this is an isolate single family home.							
Submit to DNR form 4500-113 "NOTIFICATION OF DEMOLITION" 10 days prior to demolition!"							
APPROVED BACKFLOW PROTECTION & WATER METER SHALL BE PROVIDED IF USING FIRE HYDRANT WATER – PHONE 715-345-5254.							
ISSUING JURISDICTION		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of: PLOVER			Municipality Number of Dwelling Location 49 – 173		
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:	
Plan Review	\$ _____	X Construction		_____		NAME	
Inspection	\$ _____	<input type="checkbox"/> HVAC				DATE _____ TELEPHONE NO: 345-5312	
Wis. Permit Seal	\$ _____	<input type="checkbox"/> Electrical				Cert. No.	
Other	\$ _____ NA _____	<input type="checkbox"/> Plumbing					
Total	\$20.00 PRINCIPLE	<input type="checkbox"/> Erosion					