

VILLAGE OF PLOVER 2400 POST ROAD PO BOX 37 PLOVER, WI 54467		PERMIT FOR DEMOLISH BUILDING				Application No.	
						Parcel No.	
Owner's Name:		Mailing Address:				Tel.	
Contractor's Name: <input checked="" type="checkbox"/> 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	
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						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 _____ ft.	Rear _____ ft.	Left _____ ft.	Right _____ ft.	
PROJECT DESCRIPTION							
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, 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, CONTACT BUILDING INSPECTOR AT 345-5312							
Submit to DNR form 4500-113 "NOTIFICATION OF DEMOLITION" 10 days prior to demolition!"							
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 _____ - _____		
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:	
Plan Review	\$ _____	<input checked="" type="checkbox"/> Construction				NAME _____	
Inspection	\$ _____	<input type="checkbox"/> HVAC				DATE _____ TELEPHONE NO: 345-5312	
Wis. Permit Seal	\$ _____	<input type="checkbox"/> Electrical				Cert. No.	
Other	\$ _____	<input type="checkbox"/> Plumbing					
		<input type="checkbox"/> Erosion					
Total	\$20.00 PRINCIPLE \$10.00 ACCESSORY	_____					