



Village of Harrison

W5298 Hwy 114
Menasha, WI 54952
Phone: 920-989-1062

DEMOLITION PERMIT APPLICATION

Applicant Information			
Applicant Name (Indiv., Org. or Entity)		Authorized Representative	Title
Mailing Address		City	State Postal Code
E-mail Address		Telephone (include area code)	Fax (include area code)
Landowner Information (if different than Applicant)			
Name (Organization or Entity)		Contact Person	Title
Mailing Address		City	State Postal Code
E-mail Address		Telephone (include area code)	Fax (include area code)
Existing Site Location			
Site Address / Location:		Location ID(s):	Plat / CSM / Lot No.:
Quarter: <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE	Section:	Township: N	Range: E
Legal Description:			
Current Zoning:		Current Use:	
Lot Dimensions: Front: Side: Rear:	Side:	Lot Area:	<input type="checkbox"/> acres or <input type="checkbox"/> square feet
Verification of Disconnects (see reverse side)		Project Information	
<input type="checkbox"/> Verification of Disconnects (see reverse side)		Date to Begin Demolition:	
<ul style="list-style-type: none"> • Electric & Gas • Sewer & Water or Septic & Well 		Date to be Completed:	
Notes			
<ul style="list-style-type: none"> • All debris shall be properly disposed. • Applicant must verify that no asbestos is present in the structure; if asbestos is present, applicant must follow any applicable regulations of the Wisconsin Department of Natural Resources or other entity for removal/disposal. 			
Fees			
<input type="checkbox"/> Demolition - \$25.00 <input type="checkbox"/> No Charge (buildings with no utilities or if permit for new building is applied for at same time)			
Certification & Permission			
Certification: I hereby certify that I am the landowner of the property which is the subject of this Application. I certify that the information contained in this form and attachments is true and accurate. I understand that failure to comply with any or all of the provisions of the ordinances and/or permit may result in notices, fines / forfeitures, stop work orders, permit revocation, and cease & desist orders. Permission: As landowner of the property, I hereby give the permit authority permission to enter and inspect the property to evaluate this application, to determine compliance with the ordinances, and to perform corrective actions after issuing proper notice to the landowner.			
Applicant Signature		Date Signed	
Landowner Signature (required)		Date Signed	

LEAVE BLANK – FOR MUNICIPAL USE ONLY			Inspections:
Date Complete Application Received:	Fee Received:	\$	Date Approved:
	Receipt No.:		
	Permit No.:		

Verification of Disconnects

Property Address: _____

Location ID(s): _____

Electric & Gas Utilities (check one)

As representative of _____ (name of utility), I hereby certify that the utilities which are the responsibility of the above named utility located at the address listed on the top of this page were disconnected on _____ (date) at _____ (time).

Name Title Signature
OR

As an electrical contractor with _____ (name of company), I hereby certify that the utilities located at the address listed on the top of this page were disconnected on _____ (date) at _____ (time).

Name Contractor ID # Signature
OR

No electrical or gas services. As the owner of the property listed at the top of this page, I certify that there are no electric or gas services to the building to be demolished/removed.

Signature

Sewer & Water or Septic & Well (check one)

As representative of _____ (name of sanitary district), I hereby certify that the utilities which are the responsibility of the above named utility located at the address listed on the top of this page were disconnected on _____ (date) at _____ (time).

Name Title Signature
OR

As a representative of Calumet County, I hereby certify that the well located at the address listed on the top of this page was abandoned on _____ (date). AND As a representative of Calumet County, I hereby certify that the septic system located at the address listed on the top of this page was abandoned on _____ (date).

Signature Signature

OR

No sanitary or water services. As the owner of the property listed at the top of this page, I certify that there are no sanitary or water services to the building to be demolished/removed.

Signature