

RAZING PERMIT APPLICATION

TAX KEY # _____



PERMIT # _____

DATE: _____

PROPERTY INFORMATION		GENERAL CONTRACTOR INFORMATION	
OWNER		CONTRACTOR	
PROPERTY ADDRESS		CONTRACTOR ADDRESS	
EMAIL ADDRESS		EMAIL ADDRESS	
PHONE		PHONE	
DESCRIPTION AND SQUARE FOOTAGE		CONTRACTOR #	
CONTRACTOR INFORMATION			
RAZING CONTRACTOR			
*If more than 3 units per building contact the WDNR for asbestos abatement.			
WELL ABATEMENT CONTRACTOR			
*Contact WDNR for permit and inspection.			
PLUMBING CONTRACTOR			
*Contact Ozaukee County Land and Water Management for septic system abatement.			
RAZING PERMIT FEE			\$75.00
TOTAL			\$

INSPECTION REQUIRED <input type="checkbox"/> ROUGH <input type="checkbox"/> FINAL			
FAILURE TO TAKE OUT THE PROPER PERMIT WILL RESULT IN ADDITIONAL FEES, FINES, AND REINSPECTION CHARGES (\$50.00).			
I AGREE TO COMPLY WITH ALL APPLICABLE CODES. IF A BUILDING IS RAZED WITHOUT A PERMIT, I SHALL FORFEIT ALL CLAIMS TO BACK TAXES AND MAY BE PROSECUTED IN ACCORDANCE WITH STATE STATUTES AND TOWN OF GRAFTON CODE OF ORDINANCES.			
SIGNATURE		DATE	
PERMIT APPROVAL BY		PERMIT AMOUNT	

PAYMENT OPTIONS			
OPTION 1: CASH / CHECK: PAYABLE TO TOWN OF GRAFTON MAIL CASH / CHECK TO: BUILDING INSPECTOR, TOWN OF GRAFTON, PO BOX 143, GRAFTON, WI 53024			
OPTION 2: CREDIT CARD / E-CHECK: ONLINE AT WWW.TOWNOFGRAFTON.ORG EMAIL PERMIT PRIOR TO ONLINE PAYMENT TO: BBARTEL@TOWNOFGRAFTON.ORG		ONLINE PAYMENT FEES: E-CHECK: \$1.50 FEE CREDIT CARD: \$0 TO \$50 = \$1.50 FEE \$50.01 TO \$100 = \$3.00 FEE \$3.00 FEE PER ADDITIONAL \$100	
OFFICIAL USE ONLY			
DATE	REC'D BY	FEE	<input type="checkbox"/> CHECK (# _____) <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> E-CHECK