

Village of Biron 451 Kahoun Rd Wisc. Rapids, WI 54494		PERMIT FOR RAZING				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	
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		_____ 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							
Permit Fee: \$60.00 for principal building, plus \$15.00 each for out building(s)					PROJECT COST:		
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.							
ISSUING JURISDICTION		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:		Municipality Number of Dwelling Location			
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:	
Construction \$ _____ Electrical \$ _____ HVAC \$ _____ Plumbing \$ _____ Total \$ _____		<input checked="" type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion				NAME _____ DATE _____ TELEPHONE NO: 715-459-8650 Cert. No. _____	
FORM R 3-18-2019		Razing				PAGE 1 OF 1	