

**RAZING PERMIT APPLICATION**

TAX KEY # \_\_\_\_\_



PERMIT # \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_

DATE OF EXPIRATION: \_\_\_\_\_

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

<b>INSPECTION REQUIRED</b> <input type="checkbox"/> <b>ROUGH</b> <input type="checkbox"/> <b>FINAL</b>			
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.			
<b>SIGNATURE</b>		<b>DATE</b>	
<b>PERMIT APPROVAL BY</b>		<b>PERMIT AMOUNT</b>	

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