

Parcel # _____

Permit # _____

Razing Permit-Town of Winneconne

Owners name _____ Phone _____

Project address _____

Contractors name _____ Phone _____

Contractors address _____ Fax #: _____

Type of occupancy _____ Square foot of Project _____

Project description _____ Job Costs \$ _____

Owner/Contractor _____ Date _____

Inspector _____ Date _____

Payable to: Town of Winneconne, 8348 County Rd. T Larson, WI 54947

Inspector: Tom Spierowski, 920-428-3361

- All work to meet the State Codes or reinspection fees will be charged for improper installations.
- The owner/contractor is responsible for making arrangements for the final inspection.

Fees: \$55.00 House & \$40.00 Outbuilding

Total Fees \$ _____

12/12/2016