



Town of Ixonia

P. O. Box 109  
Ixonia, WI 53036

# APPLICATION RAZING PERMIT

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_ Tax Key #: 012-0816- \_\_\_\_\_ - \_\_\_\_\_

Project Location: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Contractor Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

.....  
**Before a permit can be issued to demolish or remove a building, the owner/applicant will complete and submit all the pre – permit information and must have the building inspector do a preliminary razing inspection. (Information Attached)**  
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**SPECIAL PROVISIONS:**

Excavation will be filled with a solid clean fill to match a lot grade within (5) five days of removal of structure. Any excavation will be protected with appropriate fence, barriers, and erosion control measures. Asbestos, underground tanks, and any other health, safety or environmental site conditions will be properly addressed by the owner/applicant. **Note: The owner/applicant will be responsible for the disposal of all material pertaining to this RAZING PERMIT.**

**CONDITIONS OF APPROVAL** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant agrees to comply with all information pertaining to this **RAZING PERMIT**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Approval of Authorized Person: \_\_\_\_\_

( \$50.00 Per Building )