

Permit fee: \$20  
 Make checks payable to and mail to:  
 Marinette County Land Information  
 Department  
 1926 Hall Avenue  
 Marinette, WI. 54143

# MARINETTE COUNTY RAZING PERMIT APPLICATION

**PERMIT NUMBER**

COMPLETE IN BLACK OR BLUE INK

## PERSONAL INFORMATION

<b>Owner's last name:</b>		<b>First:</b>	<b>MI:</b>
Address:			
City:		State:	Zip:
Telephone number: ( ) -		E-mail:	
<b>Name of Contractor:</b>			
Address:			
City:		State:	Zip:
Telephone number: ( ) -		E-mail:	

## PROPERTY INFORMATION

$\frac{1}{4}$	$\frac{1}{4}$	Section:	Town:	Range:
Government Lot Number:		Parcel Number:		
Subdivision Name or C.S.M. Number:		Block Number:	Lot Number:	
Property Address:				
Name of Town:			Name of water body:	

## GENERAL INFORMATION

<b>Current Use of Structure:</b>	<input type="checkbox"/> Single family	<input type="checkbox"/> Multiple family
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
<b>Sanitary System:</b> Is the structure connected to a Private Onsite Waste Water Treatment System? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Age of Structure:</b> Approximately what year was the structure constructed _____		
<b>Debris Disposal:</b> How will the debris be disposed of (Check all that apply)? <input type="checkbox"/> Landfill <input type="checkbox"/> Recycle <input type="checkbox"/> Burn Onsite <input type="checkbox"/> Buried Onsite		
<b>Future Use of Area:</b> Will the existing structure be rebuilt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, will the structure be rebuilt in the exact same location and footprint? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If to be rebuilt will the work be completed within 12 months of the razing of the structure(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Floodplain:</b> Is the current structure located in a floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Razing Timeframe:</b> When will the razing commence? _____		

