Permit fee: \$20

Make checks payable to and mail to: Marinette County Land Information Department

Department 1926 Hall Avenue Marinette, WI. 54143

MARINETTE COUNTY RAZING PERMIT APPLICATION

COMPLETE IN BLACK OR BLUE INK

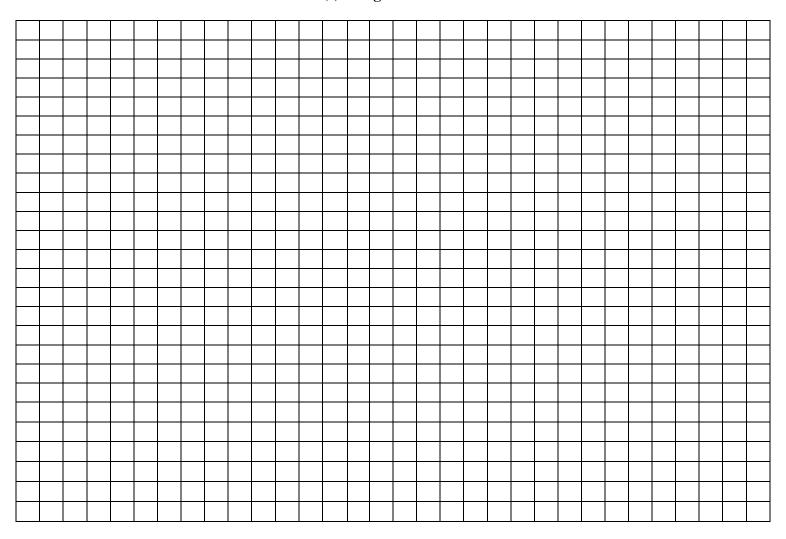
PERMIT NUMBER

PERSONAL INFORMATION	N
----------------------	---

Owner's last name:			First:		MI:	
Address:						
City:		State:		Zip:		
Telephone number: () -			E-mail:			
Name of Contractor:						
Address:						
City:		State:	T	Zip:		
Telephone number: () -			E-mail:			
PROPERTY INFORMATION						
1/4 1/4	Section:	To	wn:	Range:		
Government Lot Number:		Parcel No	umber:			
Subdivision Name or C.S.M. Nun	nber:		Bloc	k Number:	Lot Number:	
Property Address:						
Name of Town:		Name	e of water body:			
GENERAL INFORMATION						
Current Use of Structure:	☐ Single family		Multiple family			
	□ Commercial		Accessory			
Sanitary System: Is the structure connected to a Private Onsite Waste Water Treatment System? ☐ Yes ☐ No						
Age of Structure: Approximately what year was the structure constructed						
Debris Disposal: How will the debris be disposed of (Check all that apply)? ☐ Landfill ☐ Recycle ☐ Burn Onsite ☐ Buried Onsite						
Future Use of Area: Will the existing structure be rebuilt? ☐ Yes ☐ No						
If yes, will the structure be rebuilt in the exact same location and footprint? \Box Yes \Box No						
If to be rebuilt will the work be completed within 12 months of the razing of the structure(s)? \Box Yes \Box No						
Floodplain: Is the current structure located in a floodplain? ☐ Yes ☐ No						
Razing Timeframe: When will the razing commence?						

11/28/2016

In the section below or on a separate sheet of paper please provide a plot plan that accurately shows the location and the dimensions of the structure(s) being razed.



PERMIT EXPIRATION: This Raze Permit shall expire one year from the date of issuance unless work has commenced and is carried on with reasonable diligence.

APPLICANTS CERTIFICATION:

The undersigned hereby applies for a permit to raze the structure(s) as identified in this application. The undersigned agrees that such work will be done as described and that it will comply with all applicable Statutes or Administrative Codes of the State of Wisconsin and the Shoreland/Wetland, Floodplain and Sanitary Codes of Marinette County. The undersigned agrees to allow free and unlimited access to the property at any time by a

		ith the Statutes and/or County Codes ands the entire Zoning Application.	. The undersigned
Print name (owner)		Date	_
Signature (owner)		Date	_
OFFICE USE ONLY			
Comments:			
Granted by:		Issued date:	
	rian or Technician	Expiration date:	
11/28/2016		2	

11/28/2016