



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: _____

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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)