



VILLAGE OF EDGAR

224 S. Third Avenue
P.O. Box 67
Edgar, Wisconsin 54426
Ph. (715) 352-2891
www.vil.edgar.wi.us



EST. 1898

PERMIT APPLICATION PACKET FOR OBTAINING A RAZING PERMIT

The following items must be completed and submitted as a packet:

- No razing permit required for buildings under 1,200 square feet. (i.e., single family house, sheds and detached garages)
- Razing permit application (this item is all that is needed for accessory buildings; i.e., single family house, sheds and detached garages).
- Utility signoff sheet.
- For institutional and commercial buildings, a copy of the Notification of Demolition and/or Renovation Form and Application for Permit Exemption (forms 4500-113) from the State of Wisconsin, Department of Natural Resources. The original shall be submitted to the following offices in accordance with the attached instructions:

Wisconsin Department of Natural Resources

Asbestos Coordinator, AM/7
Air Management
P O Box 7921
Madison, WI 53707-7921
(608) 266-3658

Wisconsin Department of Health Services

Division of Public Health
Bureau of Environmental & Occupational Health
P O Box 2659
Madison WI 53701-2659
(608) 261-6876

Notification of Demolition and/or Renovation Form and Application for Permit Exemption (forms 4500-113) to the State of Wisconsin Department of Natural Resources or Department of Health Services may be submitted through online system:

<http://dnr.wi.gov/topic/demo/asbestos.htm>

I hereby certify and acknowledge that all of the above required information provided is true and accurate to the best of my knowledge.

Applicant (Print): _____ Sign: _____ Date: _____
Address: _____ Size: _____



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RAZING PERMIT APPLICATION

For Office Use Only:				
Date: (/ /)	Zoning:	Permit Fee:	Permit #:	Receipt#:

PROPERTY INFORMATION:		
Site Address:		Parcel #:
Owner Name:		
Owner Address, City, State, and Zip:		
Owner Phone Number:	Owner Fax Number:	Owner Email Address:

CONTRACTOR INFORMATION:		
Name:		
Address, City, State, and Zip:		
Phone Number:	Fax Number:	Email Address:

PROJECT INFORMATION:		
Number of Buildings to be Razed	Type of Building(s) to be Razed	Project Description
Principal Bldgs: _____	<input type="checkbox"/> Single-Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Multiple-Family (Units: _____) <input type="checkbox"/> Commercial <input type="checkbox"/> Manufacturing <input type="checkbox"/> Warehouse <input type="checkbox"/> CBRF (8 or less persons) <input type="checkbox"/> CBRF (more than 8 persons) <input type="checkbox"/> Garage <input type="checkbox"/> Accessory building (not garage) <input type="checkbox"/> Other (_____)	
Accessory Bldgs: _____		
Total: _____		
Area of Buildings to be Razed		
Principal Bldgs: _____ Sq. Ft		
Accessory Bldgs: _____ Sq. Ft		
Total: _____ Sq. Ft		
Estimated Cost to Raze Building(s)		
\$ _____		
Permit Fee to Raze Building(s)		
Principal: \$60.00 each, + \$08/sq. ft.		
Fee: \$ _____ (max \$600.00)		
Accessory: \$60.00 each, + \$08/sq. ft.	Well on Property	
Fee: \$ _____ (max \$600.00)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Liability Statement

I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or village; and certify that all the above information is complete and accurate. If one acre or more of soil will be disturbed I understand that this project is subject to ch. NR 151 regarding additional erosion control and storm water management and I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

I understand that I shall contact the inspector(s) at the appropriate times throughout the project for the required inspection(s). If I shall fail to contact the inspector(s) for the required inspection(s), or if reinspections are required, I agree to pay the appropriate penalty fees and/or inspection fees.

Additional Responsibilities for Projects Disturbing One or More Acre of Soil

I understand that this project is subject to ch. NR 151 regarding additional erosion control and storm water management and will comply with those standards.

Applicant (Print): _____ Sign: _____ Date: _____

Approval, Conditions, and Inspections

Issuing Jurisdiction: Village of Edgar

Approval Conditions:

This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

Permit Approved By: _____ Date: _____

Required Inspections:

- Sewer and water abandonment (prior to commencement of razing of structure)
- Storm sewer abandonment (prior to commencement of razing of structure)
- Foundation (after breaking walls down and prior to backfilling)
- Final inspection (after grading, seeding and mulching, or sodding is completed)
- Well abandonment (prior to covering)

Sign-Off Departments for Securing a Razing Permit

Address of Property Being Razed: _____

The following Departments must sign off before a razing permit can be issued:

1. Dump site location: _____
Equipment to be used for hauling debris: _____

2. Water meter and service removed:

Water Department

224 S. 3rd Avenue, Edgar, WI 54426

Ph: 715-352-2891

Fax: 715-352-2964

Approved: _____ Date: _____
Inspector

3. Electric meter(s) and service(s) removed:

Wisconsin Public Service

?

Ph: ?

Fax: ?

Approved: _____ Date: _____
Inspector

4. Gas meter(s) and service(s) removed:

?

?

Ph: ?

Fax: ?

Approved: _____ Date: _____
Inspector

5. Sewer and water lines capped at front property line:

Approved: _____ Date: _____
Inspector

6. Asbestos materials exist upon or within the structure: Yes No
(Documentation from Wisconsin Licensed Inspection firm required)

Approved: _____ Date: _____
Village Building Inspector