

# Melstrom Inspections, LLC

## Raze Permit Application

### Wisconsin Department of Natural Resource(DNR) Requirements:

Prior to razing any structures, please refer to the WI DNR code requirements, including NR 447 "Control of Asbestos Emissions" to help determine if your razing project requires an asbestos inspection and asbestos notification to the WI DNR. <https://dnr.wisconsin.gov/topic/Demo/Asbestos.html>

### A site plan and an erosion control plan is required to be submitted along with the application.

A **site plan** is an bird's eye view of the property. The site plan shall include a North directional arrow, property lines, street(s), existing buildings, indicating the proposed structure to be razed, and distances to property lines and street(s).

An **erosion control plan** is site plan that includes the practices that will be utilized to prevent or reduce the potential deposition of soil or sediment to the waters of the State and adjacent properties.

### \*\*Complete the information below as it pertains to the project.

|   |                      |                             |
|---|----------------------|-----------------------------|
| Building Site Address                     |                      | Town, Village, or City of:  |
| Owner's Name                              | Owners Daytime Phone | Parcel ID                   |
| Owner's Mailing Address                   |                      | Owner's Email               |
| Applicant's Name(If Different than owner) |                      | Applicant Daytime Phone     |
| Applicant's Mailing Address               |                      | Applicant's Email           |
| Type of Structure being Razed             |                      | Razed Structure Square Feet |

| SERVICES/UTILITIES:    | EXISTS BEFORE RAZE(Circle) | SERVICES PROVIDED BY:(Circle) | PUBLIC UTILITY |
|------------------------|----------------------------|-------------------------------|----------------|
| Electricity:           | Yes No                     | Private/Owner Public Utility  | _____          |
| Gas:                   | Yes No                     | Private/Owner Public Utility  | _____          |
| Plumbing waste:        | Yes No                     | Private/Owner Public Utility  | _____          |
| Plumbing water supply: | Yes No                     | Private/Owner Public Utility  | _____          |

|                         |  |                                   |                               |               |
|-------------------------|--|-----------------------------------|-------------------------------|---------------|
| Demo/General Contractor |  | Contact Name                      | Daytime Phone                 |               |
| Mailing Address         |  | Email                             |                               |               |
| Plumbing Contractor     |  | Contact Name                      | Daytime Phone                 |               |
| Mailing Address         |  | Email                             |                               |               |
| Master Plumber          |  | Master Plumbing License Number    |                               |               |
| Electrical Contractor   |  | Contact Name                      | Electrical Contractor License | Daytime Phone |
| Mailing Address         |  | Email                             |                               |               |
| Master Electrician      |  | Master Electrician License Number |                               |               |

I understand that I am subject to all applicable codes, laws, statutes, and ordinances, or any additional contingencies as part of this permit; I am subject to any conditions of this permit; I understand that the issuance of this permit creates no legal liability, express or implied, on the state, municipality, building inspector, and/or the inspectors authorized agent; I understand that it is my responsibility to raze this structure within the requirements of any municipal ordinances, including setbacks. Once the structure has been razed, any new construction is subject to the current ordinances in effect at the time the new building permit is issued. I certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which the permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

Melstrom Inspections, LLC  
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