

COUNTY PERMIT NUMBER D- _____
 Sanitary/Abandonment Permit Number _____
 Previous Shoreland Permit Number _____

SHORELAND DEMOLITION PERMIT APPLICATION

Sheboygan County Planning & Conservation Department
 Administration Building, 3rd Floor
 508 New York Avenue, Sheboygan, WI 53081-4126 (920) 459-3060

Application is hereby made by the undersigned for a permit to do work as described below and in attachments hereto at the location indicated. The undersigned agrees that all work will be done in accordance with the Sheboygan County Shoreland, Floodplain, Subdivision, and Sanitary Ordinances and all other applicable ordinances of Sheboygan County and Laws of the State of Wisconsin.

JOB LOCATION

Project Location / Site Address _____
 Address to remain on property: _____ yes _____ no
 Tax Key Number(s) _____
 _____ ¼, _____ ¼ of Section _____, Town of _____
 Subdivision _____ Block _____ Lot _____

OWNER / APPLICANT INFORMATION

Owner(s): _____	Applicant (if different): _____
_____	_____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Daytime Phone: _____	Daytime Phone: _____

PROJECT CONTRACTOR

Name: _____ Phone: _____
 Mailing Address: _____
 City/State/Zip: _____

DEPARTMENT USE

Date Fee Paid/Amount _____
 Board of Adjustments Approval on _____
 Inspected by:
 Pre-Construction _____ on _____
 Post-Construction _____ on _____

Permit Number _____

DEMOLITION ACTIVITIES

STRUCTURE(S):

Structure Size: (1.) _____ Ft. X _____ Ft. Height _____ Ft. **Structure Description** _____

(2.) _____ Ft. X _____ Ft. Height _____ Ft. **Structure Description** _____

_____ Number of Bedrooms Well on Property ___ yes ___ no _____ Number of Stories

Septic on Property ___ yes ___ no (Separate system abandonment permit may be needed)

Written Description of Project; attach separate sheet if necessary: (list: starting and ending date and location and manner of disposal of site materials. All sanitary sewer, storm sewer and water supply connections shall be sealed and plugged in a safe manner.)

AN INCOMPLETE APPLICATION FORM OR MISSING INFORMATION WILL CAUSE DELAY IN THE ISSUANCE OF THE PERMIT, AND THE APPLICATION MAY BE RETURNED FOR ADDITIONAL INFORMATION. Submittal, and subsequent review, of this application may include a site inspection.

**You are responsible for complying with the state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law, or other penalties or costs. For more information, visit the Wisconsin Department of Natural Resources wetlands identification page or contact a DNR Service Center. The webpage is: <http://dnr.wi.gov/topic/Wetlands/>.

****By signing this permit application, you acknowledge you have read the above statement concerning construction around wetlands.**

The undersigned states that the foregoing information is true and accurate to the best of his/her knowledge; it is hereby agreed that for and in consideration of the issuance of a permit that the foregoing work will be carried out as defined in this application; that all applicable ordinances or codes of the state, county, and town will be complied with in carrying out the proposed work stated in the application; and that work will not commence before a building permit has been obtained from the town building inspector. If any changes or deviations are made from the original application, a new permit or written request for a permit revision and subsequent approval is required. Failure to comply with the permit as issued will result in the revocation of the permit or other penalties. Applicant is responsible for obtaining project approval from all other owners of property on which the development will occur.

Signature(s) of Owner(s) _____ Date _____

_____ Date _____

Faxed or Emailed applications will not be accepted. Submit completed application with **original signature to:
Sheboygan County Planning & Conservation Department, Administration Building
508 New York Avenue, Sheboygan WI 53081-4126**

Issued Permits: The attached specification sheet sets conditions of this Permit approval and is made a part hereof. The Permit shall be valid for 1 year from date of issue; extensions for additional periods of up to 1 year may be granted by the Department upon written request at least 30 days before the expiration date, and the payment of the renewal fee.