

DEPARTMENT OF COMMUNITY DEVELOPMENT – BUILDING INSPECTION
APPLICATION FOR DEMO/RAZE PERMIT

Permit No. _____

Job Address: _____

Today's Date: _____

Initials The undersigned hereby applies for a permit to do work herein described according to the plans and specifications filed herewith. The undersigned assures that the above mentioned plans and specification have been designed to comply with all building, zoning and health ordinances and all other ordinances of the City of Waukesha as well as all applicable laws and orders of the State of Wisconsin.

Initials **Asbestos testing has been submitted with this application and/or proof of removal by a certified company.**

Initials The demolition project is associated with a building alteration project to be submitted in the near future.

Contracting Company _____ Contractor's Registration # _____ Exp Date _____

Contractor's Name: _____ Address _____

City _____ State _____ Zip _____

E-mail _____ Telephone # _____ Fax # _____

Estimated Cost: _____

Licensed Electrical Contractor _____ Architect / Designer / Engineer

Owner _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Type of Building: **This is a (Circle one) Single-Family, Duplex, Multi-Family, or Commercial building?**

Check one: Entire Bldg Portion of Bldg Interior associated with future alteration

Total sf of area to be demolished: _____ sq. ft. Will there be any asbestos removal? Yes No

RAZE ONLY: Name of *licensed plumbing contractor* who will cap water/sewer: _____

You **MUST** provide copies of Utility Disconnect Letters? (Required for issuance of permit.) Electric Gas N/A

Print Applicant's Name _____ Email Address

Signature of Applicant / Date

DOUBLE FEES SHALL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

This permit is in effect for 18 months from date of issue unless work is not started within 120 days of issue date, or activity ceases for more than 120 days, after which this permit shall lapse

- FOR OFFICE USE ONLY -

Size _____ Permit Fee (\$85 + .12/sf) of area being demolished \$ _____

Zoning District _____ Initial of Receiver _____ TOTAL \$ _____

Notes: _____

THIS FORM IS TWO-SIDED

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RESIDENTIAL (includes 1 & 2 Family)

If the project is attached to the Residence, Contractor must have the following:

DWELLING CONTRACTOR CERTIFICATION

Is issued by the State to insure the contractor complies with:

1. Worker's compensation requirements.
2. Unemployment compensation requirements
3. Liability or bond insurance requirements.

AND

DWELLING CONTRACTOR QUALIFIER

Is issued by the State after the contractor has completed 12 hours of approved training and has passed an exam.

FOR COMMERCIAL (includes Multi-Family over 2 units)

CONTRACTOR REGISTRATION NUMBER

Is issued by the State and required of any contractor who:

1. Works on public buildings
2. Works on places of employment
3. Works on one and two family dwellings
4. Works on public swimming pools or water attractions.

A Registration number is not required if the contractor has:

1. Dwelling Contractor Certification
2. Dwelling Contractor Certification – restricted
3. Manufactured Home Installer license
4. Electrical Contractor Certification
5. Electrical Contractor Certification-restricted
6. HVAC Contractor license
7. Elevator Contractor license