

TOWN OF MARSHFIELD WRECKING PERMIT APPLICATION

PERMIT NO. _____

OWNERS NAME: _____

ADDRESS: _____

PHONE NO: _____ CELL NO : _____

E-MAIL: _____

RAZING CONTRACTOR: _____

ADDRESS: _____

PHONE NO: _____ CELL NO : _____

E-MAIL: _____

ADDRESS OF STRUCTURE TO BE RAZED: _____

TAX KEY NUMBER: _____

TYPE OF STRUCTURE(S) TO BE RAZED: _____

ESTIMATED START DATE: _____

ESTIMATED COMPLETION DATE: _____

Signature

Date

Please send application and fee of \$10** to: Town of Marshfield Clerk
P O Box 94
Mt. Calvary, WI 53057-0094

****The Town Board, the Zoning Board of Appeals and the Plan Commission reserve the right to retain professional assistance for advice on rezonings, variances, special use permits or other permits authorized by this ordinance. In addition to the payment of the filing fees, the applicant shall reimburse the Town for its reasonable professional fees.**