



2000 MUNICIPAL DR.
NEENAH, WI 54956
BUILDING INSPECTIONS (920) 720-7104

PERMIT #:	
RECEIPT #:	

<input type="checkbox"/> DEMOLITION PERMIT APPLICATION	<input type="checkbox"/> PRINCIPAL STRUCTURE <input type="checkbox"/> ACCESSORY STRUCTURE
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OR

<input type="checkbox"/> REMOVAL OF MOBILE OR MANUFACTURED HOME
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(Please check whichever is applicable)

EXISTING LOCATION ADDRESS:	
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EXISTING LOCATION OWNER		RAZER OR REMOVER (<input type="checkbox"/> Check if same as owner)	
NAME		NAME	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE		CONTACT NAME	
		PHONE	
		CONTRACTOR #	

PERMIT FEE:

NOTES AND CONDITIONS:

All debris to be properly disposed of.

Application must be accompanied by the appropriate utility disconnection verifications.

Applicant must verify that no asbestos is present in the structure; if asbestos is present, applicant must follow DNR and any applicable regulations for removal/disposal/etc. (Contact Todd Drew at City of Menasha, 920-967-3522)

The undersigned agrees to conform with all applicable provisions of the Village of Fox Crossing Municipal Code, Village Zoning Ordinance, and the State of Wisconsin.

APPLICANT SIGNATURE:		DATE:	
APPROVED BY:		DATE:	

UTILITY DISCONNECTION

.....
PROPERTY ADDRESS: _____

Electric & Gas Utilities

(Check one)

- As representative of WE Energies / WPS / Menasha Utilities (*circle which appropriate*), I hereby certify that the utilities which are the responsibility of WE Energies / WPS / Menasha Utilities (*circle which appropriate*) located at the above described property were disconnected on _____ at _____.
(Date) (Time)

Signature

OR

- As representative of electrical contractor _____, I hereby certify that the utilities located at the above described property were disconnected on _____ at _____.
(Date) (Time)

Signature

Water & Sewer Utilities

As a representative of Fox Crossing Utilities, I hereby certify that the utilities which are the responsibility of the Fox Crossing Utilities located at the above described property were disconnected on

_____ at _____
(Date) (Time)

Signature