

FOREST COUNTY DEMOLITION APPLICATION

PLEASE PRINT ALL INFORMATION

Property Owner: _____

Residential Address: _____

City, State, and Zip: _____

Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

PROPERTY DESCRIPTION AND ADDRESS

Zoning District: _____ Township: _____

Tax Parcel Number (18 digits): _____

_____ 1/4, _____ 1/4, Section _____, Township _____ North, Range _____ East

Land Dimensions: _____ Ft. Wide, _____ Ft. Long, Total Acres _____

Name of Body of Water: _____

Property Address: _____

PERMIT REQUEST FOR DEMOLITION:

Structure Dimensions: _____ Ft. Wide X _____ Ft. Long, Height _____ Ft.

Number of Stories: _____ Total Square Feet: _____

Closest Distance Between Ordinary High Water Mark and Structure: _____ Ft.

Setback from Center Line of Federal, State, County, Town, or Private Road: _____ Ft.

Cost Estimate of Work (based on what assessed value will be): \$ _____

Contractor's Name: _____

For Demolition only: Destination of Demolition Debris:

Note: A sanitary permit is required by state law prior to issuance of a land use permit on all new habitable structures.

Please return to Forest County Zoning 200 East Madison St. Crandon WI 54520

If you have any questions please call the Zoning office at (715) 478-3893