



VILLAGE OF CALEDONIA
5043 Chester Lane Caledonia, WI 53402
Phone (262)-835-6420

RAZING PERMIT APPLICATION

Permit No.
Parcel No.
Receipt No.

Project Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Square Feet: \_\_\_\_\_

CONTRACTOR (OR) APPLICANT:

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dwelling Contractor License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

OWNER:

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ALL FEES EFFECTIVE JANURARY 1, 2024

Condemnation Order Issued? Yes \_\_\_\_\_ No \_\_\_\_\_

PRINT CONTACT PERSON \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ Date: \_\_\_\_\_

Sanitary Water Service \_\_\_\_\_
Plumbing Inspector \_\_\_\_\_ Date \_\_\_\_\_

Water Service \_\_\_\_\_
(Private or Public) Representative of the Utility or Plumbing Inspector \_\_\_\_\_ Date \_\_\_\_\_

Gas Service \_\_\_\_\_
Representative of Gas Company \_\_\_\_\_ Date \_\_\_\_\_

Electric Service \_\_\_\_\_
Representative of Electric Company or Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Caledonia Building Inspector \_\_\_\_\_
Date \_\_\_\_\_

Table with 2 columns: FEES and REVIEWED BY. FEES row includes Amount Due \$ \_\_\_\_\_. REVIEWED BY row includes a signature line.

\*Applicant must arrange inspections with the Inspection Department at least 48 hours prior to desired appointment time.