

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

WP2012

Office Use: Date Rec'd _____ Amt Pd _____ Issued _____