

# 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 \_\_\_\_\_