

**TOWN OF MOSEL  
APPLICATION FOR RAZING PERMIT**

<b>PERMIT APPLICANT (person/company completing the application)</b>			
Name _____		Email: _____	
Mailing Address _____		Telephone (      ) _____	
City _____	State _____	Zip _____	

<b>PROPERTY OWNER (if different from above)</b>			
Property Owner _____		Email: _____	
Owner's Mailing Address _____		Telephone (      ) _____	
City _____	State _____	Zip _____	

<b>PROJECT DESCRIPTION</b>			
Project Address _____		<b>Parcel No.: 59014 -</b>	
City _____	State _____	Zip _____	<b>Current Zoning:</b>
Description of what will be razed: _____			
Cost of proposed work (including labor): \$ _____ N/A			
Has Sheboygan County Planning been contacted in regards to shoreland/floodplain/sanitary? _____ Y N N/A			

<b>PROJECT TEAM</b>			
General Contractor _____	Architect _____		
Carpenter _____	Mason _____		
Plumbing Contractor _____	HVAC _____		
Electrical Contractor _____			

I hereby certify that all the information provided herein is true and correct, and understand that the issuance of this permit is for administrative purposes only. I understand that onsite construction inspections will not be performed by the Town of Mosel. I further understand that the issuance of this permit does not relieve me of compliance with other applicable codes and ordinances. Permit fee is \$10.00 per building being razed.

Applicant's signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

PERMIT ISSUED BY:		DATE ISSUED:		PERMIT NO.	
PERMIT FEES:		LATE FEES:		CASH OR CHECK NO.:	
PERMIT DENIED BY:				DATE DENIED:	
DENIED FOR FOLLOWING REASONS: _____					

Deliver or mail to: Clerk-Treasurer, Town of Mosel, W982 County Road FF, Sheboygan, WI 53083-5136