

Permit # _____

Razing Permit-Village of Winneconne

Owners name _____ Phone _____

Project address _____

Contractors name _____ Phone _____

Contractors address _____ Fax #: _____

Type of occupancy _____ Square foot of Project _____

Project description _____ Job Costs \$ _____

Owner/Contractor _____ Date _____

Inspector _____ Date _____

Payable to: Village of Winneconne 30 S. 1st St, P O Box 488 Winneconne WI 54986. PH: 582-4381 Fax: 582-0660

Mail to: Marty Johnson, 8291 Tritt Rd., Omro, WI 54963. Ph & Fax: 920-685-6755 / mobile: 920-410-6756 weekdays

Fees: \$50.00 House & \$30.00 Outbuilding Total Fees \$ _____