

RAZING OR MOVING PERMIT APPLICATION

CITY OF CHIPPEWA FALLS INSPECTION DEPARTMENT

30 WEST CENTRAL STREET

CHIPPEWA FALLS WI 54729

(715)-726-2752 FAX (715)-726-2750

Applications are on line at:

www.chippewafalls-wi.gov

This is an application only, and is not an authorization to raze or move. This application will be reviewed by the Building Inspector, and if approved, a razing or moving permit will be issued. Applicant must file with the Building Inspector information as outlined on the back of this form. Applicants must complete all parts of this form unless otherwise instructed. Blanks will delay processing the application and issuance of a permit.

1) CLASS OF WORK Razing building _____ Moving building _____

2) USE OF BUILDING

Single Family _____

Multi-family _____

Industrial _____

Duplex _____

Commercial _____

Other _____

3) PROJECT LOCATION Fill in part (a) for razing a structure Fill in part (b) for moving a structure

a) Street Address _____ Lot _____ Block _____ Addition _____ Zoned _____

b) From: Address _____ City _____ State _____ Zip _____

Lot _____ Block _____ Addition _____ Zoned _____

To: Address _____ City _____ State _____ Zip _____

Lot _____ Block _____ Addition _____ Zoned _____

4) PROPERTY OWNER (specify the owner of the new location for moving permits)

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

5) CONTRACTOR

Name of Firm _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

6) WORK DESCRIPTION

[Estimated Cost: Total \$ _____]

7) APPLICANT'S STATEMENT I certify that the information provided on this form is complete and accurate and agree to comply with all applicable codes and ordinances of the City of Chippewa Falls and the State of Wisconsin and any conditions attached hereto. It is further agreed that we hereby absolve and release the City of Chippewa Falls, its agent or agents, from liability, if through the owner or his agent, an error is made in determining the property lines. It is further agreed that the City of Chippewa Falls, its agent or agents, have no responsibility as to the determination of the property lines. I have also read and completed this application and agree to all the terms and conditions on this application.

Signature _____ Date _____ Fee \$ _____

DO NOT WRITE BELOW THIS LINE

Treasurer receipt # _____ Permit # _____

Treasurer signature _____ Parcel # _____



GENERAL INFORMATION REQUIRED TO BE SUBMITTED. SEE THE BACK OF THIS FORM.

RAZING PERMIT REQUIREMENTS

- 1) A permit is required when the building is more than 200 square feet or more than 1 story high.
- 2) Provide safe passage for pedestrian and vehicular traffic by using signs, fences, temporary walks, flagman, barricades or other means.
Indicate method: _____
- 3) Provide control of dust and pollutants. See Section 10.03 (7) of the City Municipal Code.
- 4) The disposal area to be used must be approved by an agent of the City of Chippewa Falls or by any State of Wisconsin or Federal Agency having jurisdiction.
Describe area: _____
- 5) Notify the City of Chippewa Falls Department of Public Utilities. 30 W Central Street Phone (715) 726-2741
Signature of person contacted: _____
- 6) Notify Xcel Energy
Signature of person contacted: _____ Gas
_____ Electric
- 7) Notify the telephone and C.A.T.V. companies.
- 8) Cap existing sanitary and storm sewer lines at the property line and notify the City Inspector for inspection.
- 9) Notify the Wisconsin Department of Natural Resources when required for asbestos compliance.
(608) 266-3658 State Asbestos Coordinator
- 10) Specify the completion date: _____
- 11) Fee: The fee is equal to 1/3 the perimeter of the building, in feet, at grade multiplied by the number of stories above grade.
- 12) Signature of property owner: _____ date _____

MOVING PERMIT REQUIREMENTS

- 1) A moving permit is required unless the building or structure is 8.5 feet or less in width and less than 13 feet in height when mounted on the vehicle on which it will be moved. No permit shall be issued until the applicant has filed with the City Clerk proof of insurance for general liability in an amount no less than \$1,000,000.
- 2) The route to be followed, the method used in moving and the time of moving shall be approved by the City Police Department, Fire Department and Street Department.

Police Dept. 210 Island Street Phone (715) 723-4424

Fire Dept. 30 W central Street Phone (715) 723-5710

Street Dept. 5 Riverside Drive Phone (715) 723-4151
- 3) Fee: \$50.00

Signature of person contacted: _____

- 4) Describe the route, method and time of moving below: