

Parcel ID # _____

PERMIT # _____

Oneida County Zoning
P.O. Box 400
Rhineland, WI 54501

ONEIDA COUNTY DEMOLITION/REMOVAL PERMIT APPLICATION

Complete in black or blue ink only

(Permit must be posted in a conspicuous location prior to and during construction)

Office Use Only:
Photos to be scanned? Yes No
File name: _____

Owner's last name:		First:	MI:
Address:			
City:	State:		Zip:
Telephone number: () -		E-mail:	
Applicant's last name:		First:	MI:
Address:			
City:	State:		Zip:
Telephone number: () -		E-mail:	
Contractor's last name:		First:	MI:
Address:			
City:	State:		Zip:
Telephone number: () -		E-mail:	

PROPERTY INFORMATION

Section:	Town:	Range:	Acres:
Legal Desc (¼ ¼ , Gov't Lot, CSM)			
Subdivision and Lot #:			
Address and directions to property:			
Check one: <input type="checkbox"/> Shoreland property (within 1000' of lake or 300' from stream/river) <input type="checkbox"/> Non-shoreland property (If this is shoreland property, a Shoreland Alteration Permit may be required)			
Name of navigable water property abuts:			
Is property adjacent to a wetland, which is contiguous to a navigable water body?			
Be advised that other permits may be required by other agencies such as the Department of Natural Resources or the town in which the property is located. _____ owner/agent initials			
Is the excavated area greater than 10,000 sq ft? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the percent slope where the excavation is taking place? _____	

If there are multiple buildings on the property, attach a sketch to indicate which structure(s) will be demolished or removed from the property.

Check all that apply:

- Removal of entire dwelling
- Removal of boathouse/boat shelter
- Removal of deck/patio
- Removal of Garage/shed
- Removal of walkway
- Removal of mobile home
- Other: _____

(All items checked must be listed as a project on this application. This is not an all-inclusive list. Please add any items not specified on the list above under "Other" items. Attach additional project detail list if needed.)

Describe project details:

PROPOSED PROJECT DETAIL

Project 1:	Permit type: <i>(office use only)</i>	Permit sub-type: <i>(office use only)</i>
Building Dimensions: Length _____ Width _____ Height _____ # of stories _____		Sq ft: (specify each level) Total sq ft = _____
Project 2:	Permit type: <i>(office use only)</i>	Permit sub-type: <i>(office use only)</i>
Building Dimensions: Length _____ Width _____ Height _____ # of stories _____		Sq ft: (specify each level) Total sq ft = _____
Project 3:	Permit type: <i>(office use only)</i>	Permit sub-type: <i>(office use only)</i>
Building Dimensions: Length _____ Width _____ Height _____ # of stories _____		Sq ft: (specify each level) Total sq ft = _____
Project 4:	Permit type: <i>(office use only)</i>	Permit sub-type: <i>(office use only)</i>
Building Dimensions: Length _____ Width _____ Height _____ # of stories _____		Sq ft: (specify each level) Total sq ft = _____

DEMOLITION PERMIT EXPIRATION: A Demolition Permit shall expire two years from the date of issuance and may not be renewed.

CONDITIONS OF PERMIT ISSUANCE: 1.) All debris is to be properly disposed of. 2.) Applicant must verify that asbestos is not present in the structure. 3.) Applicant must follow DNR and any applicable regulations for removal, disposal, etc. of all structures.

APPLICANTS CERTIFICATION: The undersigned hereby applies for the above-described Demolition Permit and certifies that the information provided is complete, accurate, and that all projects will be completed in compliance with the requirements of the Oneida County Zoning & Shoreland Protection Ordinance and all other applicable ordinances and laws of the State of Wisconsin. The applicant understands that the issuance of this permit creates no legal liability, express or implied, on Oneida County and that failure to comply with the permit may result in suspension or revocation of this permit or other penalty.

Print name (owner/agent) _____ Date _____

Signature (owner/agent) _____ Date _____

OFFICE USE ONLY

Zoning district:	Report code:
Is the property located in a floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Map #: _____ FIRM dated: _____
Remarks and/or conditions of issuance:	
Total fee: No fee required for a demolition permit	
Granted by: _____	Issued date: _____
Zoning Director's signature (staff initials) Committee approval (5/08)	Expiration date: _____