



Submit to
Inspection Dept
City of Two Rivers
PO Box 87
Two Rivers, WI 54241-0087
Email: zoning@two-rivers.org
Fax: 920-793-5512

WRECKING PERMIT APPLICATION

Location _____

Owner _____ Phone _____

Owner Mailing Address _____

Building/Structure Residential Commercial Industrial Institutional Accessory

Building Size (L x W x H) _____ Number of Residential Units _____

Contractor _____ Phone _____

Address _____ Contact _____

Provide the date the following agencies were contacted to verify the service location, removal, disconnection or abandonment prior to razing the structure

Wisconsin Public Service _____

Charter Communications _____

NSight Telephone _____

TR Water Department _____ (920-793-5550)

Frontier _____

TR Electrical Department _____ (920-793-5550)

Diggers _____

Asbestos Removal _____

Asbestos Co Name _____

Asbestos Co Address _____

Asbestos Co Phone _____

Start Date _____

Project Cost _____

Signed _____
Contractor

Date _____

Separate permit required by Master Plumber to terminate water & sanitary

Plumber _____

Phone _____

All work to be performed in accord with Ordinance 11-1-30.
Permit fee paid in accord with Ordinance 1-2-1. (Calculated by City)