



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

## WRECKING PERMIT APPLICATION

Project Address \_\_\_\_\_

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.

Fee Schedule (rounded to the nearest whole number)

2.0% of valuation (Residential)

2.5% of valuation (Commercial)

\$100 Minimum Fee