



TWO RIVERS WISCONSIN

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

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 _____ Date _____
Contractor

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

01/01/26