

RAZING OR MOVING PERMIT APPLICATION

City of Chippewa Falls Inspection Department
30 West Central Street, Chippewa Falls, WI 54729

Email: inspect@chippewafalls-wi.gov

Phone: (715) 726-2752
Fax: (715) 726-2759

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) USE OF PROPERTY

_____ Single Family _____ Multi-family (_____ # of units) _____ Industrial
_____ Two Family _____ Commercial _____ Other (_____)

2) TYPE OF WORK

_____ Razing Building _____ Moving Building

3) PROJECT LOCATION

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

(b) Street Address _____ City _____ State _____ Zip _____

Lot _____ Block _____ Addition _____ Zoned _____

Street 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

Firm _____

Street _____

City _____ State _____ Zip _____

Phone _____ Receive Text Messaging Email _____

6) WORK DESCRIPTION

7) ESTIMATED PROJECT VALUE \$ _____

8) 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.

Fee \$ _____

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Treasurer Receipt # _____

Permit # _____

Treasurer Signature _____

Parcel # _____

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 at (715) 726-2741 for removal of the water meter.
Name of person contacted: _____ date meter removed _____
- 6) Notify Xcel Energy for removal of gas and electric.
Name of person and contact info:
Gas: _____ phone # or email: _____
Electric: _____ phone # or email: _____
- 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.
State Asbestos Coordinator (608)266-3658
- 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.

Signature of person contacted:

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: \$75.00 (Fee is doubled if work commences prior to obtaining a permit.)
- 4) Describe the route, method and time of moving below: