

Parcel # _____

Permit# _____

TOWN OF VINLAND RAZING PERMIT

OWNERS NAME _____ PHONE _____

PROJECT ADDRESS _____

CONTRACTORS NAME _____ PHONE _____

CONTRACTORS ADDRESS _____ FAX # _____

TYPE OF OCCUPANCY _____ SQ. FT. OF PROJECT _____

PROJECT DESCRIPTION _____ JOB COST \$ _____

OWNER/CONTRACTOR _____ DATE _____

INSPECTOR _____ DATE _____

Checks should be made out and mailed to: **Town of Vinland**
8348 County Rd. T
Larsen, WI 54947

- All work to meet the State Codes or reinspection fees will be charged for improper installations.
- The owner/contractor is responsible for making arrangements for the final inspection.

Fees: \$50.00 House and \$40.00 Outbuilding

TOTAL FEES \$ _____

Tom Spierowski, Building Inspector
920-428-3361