



GRAFTON
QUALITY LIFE. NATURALLY.

RAZING PERMIT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Tax Key#	Square Footage		
Address of Razing Site		City, State, ZIP	
Description of Building to be Razed (e.g., two story brick single family dwelling)			

PROFESSIONAL CONTRACTOR INFORMATION		
Razing Contractor	*If more than 3 units per building contact DNR for asbestos abatement	Address
		Phone ()
Well Abatement Contractor	*Contact DNR for permit and inspection	Address
		Phone ()
Plumbing Contractor	*Contact Planning Resources and Land Management for inspection for Septic abatement	Address
		Phone ()

OFFICIAL USE ONLY			
Fee	By	Date	Check #

DISCLAIMER AND SIGNATURE	
<p><i>I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. I agree that if a building is razed without a permit, I shall forfeit all claims to back taxes and may be prosecuted in accordance with State statutes and Town of Grafton Code.</i></p>	
Signature	Date