## TOWN OF ELDORADO FOND DU LAC COUNTY, WISCONSIN DEMOLITION PERMIT APPLICATION

Date:				Permit #			
Property Owner's Name:		Address:				Phone:	
Project Location:						Section #	
Describe Type of Removal or De	molition (in	detail);					
Estimated Cost:			Estimated Completion Date:				
If Demolition work is being do	ne by a con	tractor or o	outside source,	please com	plete the	following.	
Contractor's Name:	License #	Address:				Phone:	
Excavator's Name:	License #	Address:				Phone:	
Electrician's Name:	License #	Address:				Phone:	
	FI	EE: \$25	.00				
All demolition projects mus	st include a s	signed "Ro	ad Restoration	Agreement	" if locate	ed along a	
town road, along with payme	nt to the To	wn of Eldo	rado, which wi	ll be held ur	ntil comp	letion	
of the project and inspection	of the road.	By signing	g below, you ar	e agreeing t	o abide k	oy all Federal,	
State, and Local laws concern	ing demoliti	on and dis	posal of materi	ials associat	ed with t	his project.	
Applicant Signature:		Date:					
Issuing Officer Signature:	Date:						
	FEES	COLLECT	ED				
Demo Permit #			#	Check Number			