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## Town of Campbell Application for Moving or Razing

Permit # \_\_\_\_\_

Please check:

- Moving
- Razing

Owner's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Owner's Address \_\_\_\_\_

Location of Building \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Contractor's Address \_\_\_\_\_

Date of Moving or Razing \_\_\_\_\_

If moving a structure, where to? \_\_\_\_\_

Checklist to be completed before permit will be issued:

- Gas meter removed                       Electric service disconnected
- Telephone disconnected                       Cable TV disconnected
- Sewer lateral capped as close to the main as possible
  - The sewer lateral needs to be capped off in the Town's right of way.
  - The lateral needs to be capped off in a permanent way.
  - **The Town Maintenance Department needs to be notified when the work will be performed.** Please give at least 24 hours notice.
  - A Town Maintenance employee needs to see the cap before it is buried.

The signature below certifies that the electricity, telephone, cable TV, gas, and sewer connections in the building stated above have been removed, sealed, or plugged in a safe and proper manner. The applicant agrees to comply with the Wisconsin Uniformed Building Code and other Municipal Ordinances and with the conditions of this permit. The issuance of this permit creates no legal liability expressed or implied, on the Department of Inspection or this Municipality; and certifies that all of the above information is accurate to the best of the applicant's knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Maintenance Employee Performing Sewer Lateral Inspection \_\_\_\_\_

I certify that the sewer lateral at the stated address has been capped in a proper manner.

Signature of Maintenance Employee \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Permit Issued By: \_\_\_\_\_