

TOWN OF JACOBS  
23 N GRANT STREET  
PO BOX 184  
GLIDDEN, WI 54527  
715-264-4851

Permit Fee: \$50.00
Payable to Town of Jacobs
PO Box 184
Glidden, WI 54527
Fee Paid _____ Date: _____
Clerk's Initials _____

## BUILDING DEMOLITION Permit Application

Application Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Received by \_\_\_\_\_

Permit Issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Issued by \_\_\_\_\_

Applicants name \_\_\_\_\_

Where is the current location of the structure proposed to be demolished?

Parcel Id# \_\_\_\_\_ Property Address: \_\_\_\_\_

Current Property Owner: Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owners Phone#: \_\_\_\_\_

Who is demolishing the structure?

Demolition or Moving Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

A licensed plumber is required to disconnect and cap existing water and sewer laterals. Are there currently water and sewer laterals serving the structure to be demolished? \_\_\_\_ YES \_\_\_\_ NO

If yes, please complete this section:

Plumbing Contractor: \_\_\_\_\_

Plumbers Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Master Plumbers name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Description of Work: (Include size and type of structure being demolished)

\_\_\_\_\_

\_\_\_\_\_

Project Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Estimated cost of the demolition project \$ \_\_\_\_\_

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**Owner/Contractor must contact the following a minimum of 2 business days before any work is started to schedule required inspections:**

- **Town of Jacobs – Chairman. 715-663-0077**
- **Town of Jacobs – Town Foreman/Utility Dept. 715-663-0416**
- Please provide a complete application or delays in the processing of your application may occur.

## GENERAL REQUIREMENTS

**1. Have all applicable providers been contacted to discontinue their services?** Yes \_\_\_ No \_\_\_

*The Owner or Contractor shall contact the following for scheduling disconnection of applicable services:*

- \* Natural Gas and Electrical Services – Xcel Energy **800-628-2121**
- \* Sewer and Water Services – Town of Jacobs Utility Dept. **715-264-5142** \* POWTS Systems- Ashland County Zoning Dept. **715-682-7014** \* Propane Tank- Local provider.
- \* Phone and Cable- Local provider

**NOTE:** All services shall be capped, abandoned or terminated as required by the regulating authorities for each utility.

**2. Are there any private septic systems on the site?**

Yes \_\_\_ No \_\_\_

*If yes, the POTWS system shall be properly abandoned in accordance with Comm. 383.33 of the State Plumbing Code.*

**3. Are there any private wells on the site?**

Yes \_\_\_ No \_\_\_

*If yes, the well shall be properly abandoned by a well drilling or pump installing business or licensed water well driller or pump installer in accordance with Department of Natural Resources regulation NR 812.26 and other related requirements. Attach copies of approval letters from the regulating authorities if required. Who will be responsible for the proper abandonment of the on-site well?*

Name \_\_\_\_\_ License number \_\_\_\_\_

**4. Please describe the dust control methods that will be used:**

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It is the contractor's responsibility to minimize airborne dust in accordance with NR 415 of the Wisconsin Administrative Code through the application of water or other approved methods during the demolition and loading process.

**5. Will this project involve the demolition of a commercial structure or residential structure having more than 4 dwelling units?** Yes \_\_\_ No \_\_\_

*If yes, you must attach a copy of the asbestos inspection report meeting the requirements of NR 447 prior to issuance of the demolition permit. NR 447 of the Wisconsin Administrative Code requires that all commercial structures and residential structures*

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having more than 4 dwelling units be inspected for the presence of asbestos by an asbestos inspector licensed by the WI Department of Health and Family Services (DHFS). See DNR publication WA-651-07 for more detailed information.

**6. Will there be a need to remove any remnant concrete or block from this site after the structure is demolished?**

Yes \_\_\_ No \_\_\_

If No, Please explain why: \_\_\_\_\_

If yes: Please describe the erosion control measures that will be installed and maintained until the site has stabilized. For disturbed sites exceeding 1 acre in size you must submit a formal erosion control and maintenance plan in accordance with sections 8.2 and 8.3 of the UDO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When a structure is being demolished, all remaining concrete slabs, below grade footings, walls, and floors shall be completely removed and hauled off site to an approved disposal site. (Some exceptions to this removal requirement may be granted for on grade slabs proposed to be used for parking or other approved uses). Clean Suitable Soil shall be brought in to bring the site back to level grade. The affected area shall be graded to eliminate ponding and allow for natural drainage patterns. Topsoil shall be installed, and the affected area re-seeded to stabilize the site. Proper erosion control measures shall be installed and maintained where needed until the new vegetation has been established.

**7. The disposal of all demolition materials shall occur at sites that have been permitted for disposal/recycling. Please describe the proposed haul route and disposal site(s) for the demolition materials:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Will there be a need for a ROW (right-of-way) permit for this project? Yes \_\_\_ No \_\_\_**

If No, Please explain why: \_\_\_\_\_

A Town right-of-way permit must be obtained from the Department of Public Works if any work is to be done within the public right-of-way or if access to or from the project site could cause damage to public infrastructure. The ROW permit must be obtained prior to starting any of these actions by contacting the Municipal Clerk's Office at **715-264-4851**. A copy of the approved permit must be attached to this application.

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9. Is the building listed on a Local, State or National Historical Structure Registry? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, the owner or agent must contact the Ashland County Zoning Dept. (715-682-7014) to ensure that all work complies with Historic Preservation Ordinances. A Certificate of Appropriateness may be required prior to the issuance of this permit.

10. It is the owner/contractor's responsibility to properly secure the site for public safety.

- Per the town board, any costs incurred by the town due to damage from this project will be reimbursed to the town by the applicant.

### REQUIRED SIGNATURES PRIOR TO THE ISSUANCE OF THE DEMOLITION OR MOVING PERMIT

**Property Owner:** I am the owner of the above-described property and I certify that the information provided on this form is complete and accurate, and I hereby agree to comply with the above-noted requirements and any other applicable Town of Jacobs and State of Wisconsin regulations and any conditions attached hereto. I am also aware that if I or my contractors do not follow the requirements as specified in this application that I may be cited for non-compliance and I understand that the penalties may range from \$50 to \$500 per municipal violation in addition to any State imposed penalties.

\_\_\_\_\_  
Property Owner (Print Name)

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

**Contractor:** I am the contractor for this demolition project and I certify that I have entered into an agreement with the property owner to perform the work described in this application and that all information provided is complete and accurate. I hereby agree to comply with the above-noted requirements and any other applicable Town of Jacobs, County of Ashland, and State of Wisconsin codes and ordinances and any conditions attached hereto. I will contact the Town of Jacobs Foreman and the Town of Jacobs Utility Department at least 2 business days before any work is started to schedule required inspections. I am aware that if I do not follow the requirements as specified in this application that I may be cited for non-compliance and I understand that the penalties may range from \$50 to \$500 per municipal violation in addition to any State imposed penalties.

\_\_\_\_\_  
Contractor (Print Business Name)

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
(Print contractor's name)

\_\_\_\_\_  
Date

Are there any water or sewer laterals, or private septic systems currently serving the site? Yes \_\_\_\_\_  
No \_\_\_\_\_ If yes, then the licensed plumber must sign below:

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**Plumber:** I have entered into an agreement with the property owner to properly cap all existing water and sewer laterals and to properly abandon any POWTS systems currently serving the site. I understand that it is my responsibility to complete this work in accordance with all applicable Town of Jacobs and Ashland County building codes & ordinances and all State of Wisconsin rules, regulations and statutes. I am aware that if I do not follow the requirements as specified in this application that I may be cited for non-compliance and I understand that the penalties may range from \$50 to \$500 per municipal violation in addition to any State imposed penalties.

\_\_\_\_\_  
Plumber (Print Business Name)

\_\_\_\_\_/\_\_\_\_\_  
Plumbers Signature (Print plumbers name) Date

Plumbers Certification # \_\_\_\_\_

- Town Water Representative from the Glidden Sanitary District must inspect and sign off that the sewer and water are capped off before demolition can begin.

**Township Public Works Department:** I have reviewed this application and approve the issuance of this permit with the following conditions: (If none then so state)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Public Works Director or authorized representative (Signature) Date

**Department of Planning and Development (Town Chairman):** I have reviewed this application and approve the issuance of this permit with the following conditions: (If none then so state)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Building Inspector or authorized representative (Signature) Date

**(In order to ensure compliance with the terms of the approved permit and this application, additional bonding requirements may be required by the Township on large scale projects or where the contractor has been cited for non-compliance on past or current demolition projects)**