

Parcel # _____

Permit # _____

Razing Permit-Town of Clayton

Owners name _____ Phone _____

Project address _____

Contractors name _____ Phone _____

Contractors address _____ Fax #: _____

Type of occupancy _____ Square foot of Project _____

Project description _____ Job Costs \$ _____

Owner/Contractor _____ Date _____

Inspector _____ Date _____

Payable to: Town of Clayton

Inspector: Tom Spierowski, 8348 COUNTY RD T, LARSEN, WI 54947 PH:920-836-2007 or 920-428-3361

- 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.

Total Fees \$ 60