



[www.sheboyganwi.gov](http://www.sheboyganwi.gov)

**BUILDING INSPECTION DEPARTMENT**

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**MOVING & WRECKING PERMIT APPLICATION**

APPLICATION DATE: \_\_\_\_\_

*The undersigned hereby applies for a permit according to the following statement:*

Location of Structure: \_\_\_\_\_

Residential – # units: \_\_\_\_\_ Commercial: \_\_\_\_\_

***Accessory structure(s) must also be moved or wrecked along with the above primary structure.***

Owner \_\_\_\_\_ Address \_\_\_\_\_

Permit for \_\_\_\_\_ Cost \_\_\_\_\_ Permit Fees \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Remarks: \_\_\_\_\_

**THIS PERMIT EXPIRES 6 MONTHS AFTER ISSUANCE**

The undersigned hereby applies for a permit to do the work above described and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and is in strict compliance with the building ordinance and other ordinances of the City of Sheboygan and the State Building Code of Wisconsin and to obey any and all lawful orders of the Inspector of Buildings of the City of Sheboygan.

Signature of Representative in appropriate BLOCK  
below indicates that Service has been disconnected  
and Utility Property removed from above location.

Name \_\_\_\_\_

Address \_\_\_\_\_

<b>CITY OF SHEBOYGAN WATER DEPT. METER</b> _____ SIGNATURE Date: _____	<b>SANITARY SEWER LATERAL</b> _____ SIGNATURE Date: _____
<b>WISCONSIN PUBLIC SERVICE CORP.</b> _____ SIGNATURE Date: _____	<b>STORM SEWER LATERAL</b> _____ SIGNATURE Date: _____
<b>ALLIANT UTILITIES (WP&amp;L)</b> _____ SIGNATURE Date: _____	<b>WATER SERVICE LATERAL</b> _____ SIGNATURE Date: _____
<b>DEPARTMENT OF PUBLIC WORKS</b> EXCAVATING PERMIT # _____ SIGNATURE: _____ Date: _____	