

TOWN OF SPIDER LAKE
Sawyer County, Wisconsin

Office Use

Application No. _____

DEMOLITION PERMIT APPLICATION

Fees: \$75.00

Checks should be made payable to: Treasurer, Town of Spider Lake.

Submit completed application and fee to:
Clerk, Town of Spider Lake
10896 W Town Hall Rd.
Hayward, WI 54843

DEMOLITION MAY NOT BEGIN UNTIL THE PERMIT IS ISSUED.

Print Or Type – Use Black Ink

Property Owner _____
Mailing _____
Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Email _____

Agent/Builder _____
Mailing _____
Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Email _____

Site Information (From Real Estate Property Tax Bill)

Gov't Lot _____ 1/4 _____ 1/4, Sec. _____ Twn. _____ N R _____ W Alternate/Legacy ID: _____

Description: _____

Site Address: _____ Acreage _____ Deed Document # _____

Zone District _____

Wetland/Shoreland: ☐ Yes ☐ No (Shoreland: The area of frontage on navigable waters measured from the normal high-water elevation within one thousand (1,000) feet from lakes, ponds and flowages; and three hundred (300) feet from rivers and streams.)

Type of structure/building to be demolished: _____

Location where demolition debris will be disposed of: _____

The undersigned hereby makes application for a Permit for the work described and located as shown herein. The undersigned agrees that all work shall be in accordance with the requirements of the Town of Spider Lake Zoning Ordinance, the Town of Spider Lake Subdivision Control Ordinance, the Sawyer County Sanitary Code, and the laws and regulations of the State of Wisconsin; whether the detailed information is contained herein or not; and that, if I am not the owner of the site upon which the above demolition is to be carried out, I have been authorized by the owner to act on his behalf; and further, to save the town harmless from my action or cost arising out of any incident to granting this permit is issued.

Signature of Owner or (Agent with Power of Attorney)

Print Name: _____ Sign: _____ Date: _____

OFFICE USE ONLY

Permit issued by _____ Date _____ Fee \$ _____ Check # _____

Expiration Date _____

Signature of Zoning Administrator

Office Comments _____