

Permit # _____

Razing Permit-Town of Neenah

Owner's name _____ Phone _____

Project address _____

Contractor's name _____ Phone _____

Contractor's address _____ Fax #: _____

Type of occupancy _____ Square foot of Project _____

Project description _____ Job Costs \$ _____

Owner/Contractor _____ Date _____

Inspector _____ Date _____

Payable to: Town of Neenah, **Mail to:** Gary Klinka, 228 Mandella CT Neenah, WI 54956. Ph & Fax: 727-9200

Total Fees \$ 40.00