

Project Address _____

The following items must be completed and submitted as a packet:

- _____ Razing permit application (this item is all that is needed for residential **accessory** buildings; i.e., garages).
- _____ Sewer and Water disconnection permit application (signed by a Wisconsin-licensed Plumber/Utility Contractor).
- _____ Erosion Control permit application, signed by the property owner*
 - _____ One (1) site plan, listing timeframe of work, location of construction entrance, location of storm sewer inlets, existing and proposed grades, method of stabilization after raze, and location and list of types of all Best Management Practices (BMP's) being used.
 - _____ Wisconsin DNR BRRTS or other environmental site occurrence.
 - _____ Please describe and list source of Clean Fill Material (Identify type of material and specify the location that it will be transported from.) (Note: Fill material may not be combustible):

***Note: Please contact the Soil Erosion Specialist at 262.653.4247 with questions regarding application requirements**

- _____ Utility removal sign-off sheet.
- _____ An original Performance and Payment Bond in an amount equal to or greater than the cost of the demolition project. The bond needs to be "job specific" with the address of the project listed. Please use the same format as the attached Payment and Performance Bond.

Amount of Bond: _____

If not submitting Bond, please describe alternate form of security in amount deemed reasonably necessary and sufficient by the Common Council (Note: The Common Council must approve the use of an alternative form of security prior to application submission):

- _____ Power of Attorney from insurance company issuing the Bond.
- _____ Proof of comprehensive Liability Insurance in the amount of One Million Dollars (\$1,000,000.00) per occurrence and per person and Fifty Thousand Dollars (\$50,000.00) property damage.
- _____ Copy of Excavation Permit (for curb and gutter replacement) issued by the Department of Public Works, 625 52nd Street, Room 305, Phone 262.653.4050.
- _____ Copy of pre-raze asbestos inspection documentation from a Wisconsin-licensed Inspection firm.
 - Do asbestos materials exist upon or within the structure? Yes _____ No _____
 - If "Yes," and the raze is being performed on a (please check one, if applicable):
- _____ One- or Two-family building _____ Three- or Four-family building, then please complete Form F-00041 (included in this packet) - Department of Health Services, and:
 - _____ Include a copy with this permit application packet.
 - _____ Mail original (at least four [4] working days prior to beginning any demolition activity, including any asbestos abatement) to the following (see form for other delivery methods):

Dept. of Health Services
Asbestos and Lead Section, Room 137
P.O. Box 2659
One West Wilson Street
Madison, WI 53701-2659

Method of delivery: _____ Date delivered: _____

Application for Raze Permit Cover Sheet – Page 2 of 2

_____ If the raze is being performed on a (please check one, if applicable):

_____ Five-family (or more) building

_____ Commercial building

_____ One-, Two-, Three-, or Four-family that is part of a larger project,

please complete Form 4500-113 - "Notification of Demolition and/or Renovation and Application for Permit Exemption" (included in this packet),

and:

_____ Include a copy with this permit application packet.

_____ Mail original (at least ten [10] working days prior to beginning any demolition activity, including any asbestos abatement) to the addresses below (see form for other delivery methods):

Dept. of Natural Resources

Asbestos Coordinator, AM/7

Bureau of Air Management

P.O. Box 7921

Madison, WI 53707-7921

Dept. of Health Services

Asbestos and Lead Section, Room 137

P.O. Box 2659

One West Wilson Street

Madison, WI 53701-2659

Method of delivery: _____ Date delivered: _____

_____ Will the City take title to the property? Yes _____ (attach copy of agreement)
No _____

Note: Only property for which the City will be taking title is eligible for exemption requests.

Exemption Request(s):

Foundation of Razed Building:

Yes _____ No _____

Driveway Approaches, Sidewalks, and Slabs:

Yes _____ No _____

Site Grading:

Yes _____ No _____

Office Use Only:

Exemptions to be approved by P.E.

City to take title (Agreement attached)	Y _____	N _____
Foundation Exemption	9.17 B.3 _____	N _____
Driveway Approach, Sidewalk, and Slab Exemption	9.17 B.4 _____	N _____
Site Grading Exemption	9.17 B.5 _____	N _____
Fill Approved	Y _____	N _____

For **Form F-00041 - Department of Health Services**, please see:

<http://www.dhs.wisconsin.gov/asbestos/index.htm>

For **Form 4500-113 - Notification for Demolition and/or Renovation and Application for Permit Exemption** from the State of Wisconsin, Department of Natural Resources, please see:

<http://dnr.wi.gov/topic/demo/asbestos.html>

OTHER HELPFUL INFORMATION:

To help plan your demotion project, please see:

<http://dnr.wi.gov/topic/demo/asbestos.html>

For information on the **Bureau for Remediation and Redevelopment Tracking System (BRRTS)**, please see:

<http://dnr.wi.gov/topic/brownfields/botw.html>



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____

APPLICATION FOR RAZE (DEMOLITION) PERMIT
Form #DCI122 (rev. 02/20))

You will be notified when your permit is ready; please do not submit payment with permit application.
 Please use a separate application for each principal building that will be razed.

NOTE: A permit is not required for demolition of an accessory structure 500 square feet or less in size.

=====

PROJECT INFORMATION

Project Address _____

Property Owner _____ Contractor _____

Mailing Address _____ Mailing Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone (_____) _____ Phone (_____) _____

Contractor e-mail _____

Actual Cost of Raze _____

Building(s) to be razed: Principal Building _____ Number of Units (for Multi-family) _____

Accessory Building _____ (circle one: garage, shed, other _____)

Square Footage of Principal Building to be Razed _____

=====

I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all of the permit information herein is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

Contractor's Signature _____ Date _____

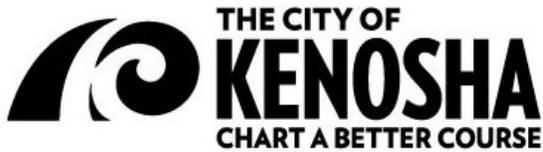
Property Owner's Signature _____ Date _____

For Office Use Only:

DESCRIPTION	FEE	QUANTITY
Raze Principal Building	\$ 90.00 Ea.	_____
Raze Accessory Building	\$ 60.00 Ea.	_____
Raze Principal Building (per-square-footage fee)	\$.12 per sq. ft.	_____

If work is started without first obtaining a permit, a penalty fee will be charged in accordance with Chapter 9.07C of the Code of General Ordinances

If at any time during or after the approval process you determine that you will not proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional \$100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____

APPLICATION FOR EXTERIOR SEWER & WATER PERMIT
Form #DCI109 (rev. 02/20)

Project Address _____	Lot # (for new construction) _____
Property Owner _____	Contractor _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (_____) _____	Phone (_____) _____
→ Estimated Cost _____	Contractor e-mail _____

Project Name (if commercial property) _____

Description of Work / Comments _____

CHECK ONE: Commercial _____ Residential _____ Multi-family _____

CHECK ONE: New Building _____ Existing _____

Will you be doing any excavation in the Public Right-of-Way (ROW)?
 The ROW includes the area from the inside edge of the sidewalk to the street.
 Yes _____ No _____

**IF YES, A STREET OPENING PERMIT IS REQUIRED FROM PUBLIC WORKS, ROOM 305.
 PRIOR TO SUBMISSION OF THIS APPLICATION**

After Approval/Processing of this Permit Application:

If you do not intend to proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional \$100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.

1) Wisconsin License number: _____

Licenses are available through the Department of Safety & Professional Services (DSPS) at: dps.wi.gov

I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

Licensee's Signature: _____ Date _____

Please Print Name _____

CONTRACTOR MUST CALL THE MAIN OFFICE AT 262.653.4263 TO SCHEDULE AN INSPECTION.

DESCRIPTION	FEE	QUANTITY
EXT. SEWER LATERAL	\$ 60.00 Ea.	_____
EXT. WATER LATERAL	\$ 60.00 Ea.	_____
STORM SEWER LATERAL	\$ 60.00 Ea.	_____
CATCH BASIN	\$ 24.00 Ea.	_____
SAMPLING MANHOLE	\$ 11.00 Ea.	_____
<i>Private Interceptor Mains Commercial:</i>		
PRIVATE INTERCEPTOR WATER	\$.50 Per Lin. Ft.	_____
PRIVATE INTERCEPTOR SEWER	\$.50 Per Lin. Ft.	_____
PRIVATE INTERCEPTOR STORM	\$.50 Per Lin. Ft.	_____

If work is started without first obtaining a permit, a penalty fee will be charged in accordance with Chapter 9.07C of the Code of General Ordinances



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____

APPLICATION FOR EROSION CONTROL PERMIT (RESIDENTIAL)
Form #DCI132 (rev 01/20)

IMPORTANT: After erosion control measures are installed according to the approved plan, you are required to call the Soil Erosion Specialist at 262.653.4247 to schedule an inspection.

Project Address _____	Lot # (for new buildings) _____
Property Owner _____	Contractor _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (_____) _____	Phone (_____) _____
Property Owner E-mail Address _____	Contractor E-mail Address _____

Project Contact Person _____
Phone (_____) _____ E-mail _____

Total Area to Be Disturbed (square feet) _____

Description of Land Disturbing Activity: Excavating: Cubic Yards _____ OR Filling: Cubic Yards _____

Trenching: Linear Feet _____ Grading or Site Stripping: Square Feet _____

Anticipated Completion Date: _____

DESCRIPTION	FEE	QUANTITY
PLAN REVIEW - Residential	\$ 100.00	_____
BASE FEE	\$ 200.00	_____

If work is started without first obtaining a permit, a penalty fee will be charged in accordance with Chapter 9.07C of the Code of General Ordinances



WETLANDS NOTICE TO PERMIT APPLICANTS

You are responsible for complying with state and federal laws concerning the construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources wetlands identification web page or contact a Department of Natural Resources service center.

ADDITIONAL RESPONSIBILITIES FOR OWNERS OF PROJECTS DISTURBING ONE OR MORE ACRE(S) OF SOIL

I understand that this project is subject to Ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all of the permit information herein is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

→ **Property Owner's Signature** _____ **Date** _____

Please Print Name _____



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____

APPLICATION FOR EROSION CONTROL PERMIT (COMMERCIAL)
Form #DC1142 (rev. 01/20)

IMPORTANT: After erosion control measures are installed according to the approved plan, you are required to call the Soil Erosion Specialist at 262.653.4247 to schedule an inspection.

Reminder: Erosion Control Plans that meet the requirements of Chapter 33.11 of the Code of General Ordinances are required to be submitted with this application

Project Address _____	Project Name _____
Property Owner _____	Contractor _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (_____) _____	Phone(_____) _____
Property Owner E-mail Address _____	Contractor E-mail Address _____

Project Contact Person _____
Phone _____ E-mail Address _____

Total Area to Be Disturbed (square feet) _____

Description of Land Disturbing Activity: Excavating: Cubic Yards _____ **OR** Filling: Cubic Yards _____

Trenching: Linear Feet _____ Grading or Site Stripping: Square Feet _____

Shoreland/Wetland Affected _____ Anticipated Completion Date: _____

DESCRIPTION	FEE	QUANTITY
PLAN REVIEW - Commercial	\$ 200.00	_____
BASE FEE	\$ 200.00	_____
SQUARE FOOT CHARGE	\$5.00 per 1,000 Sq. Ft. (\$2,000.00 max.)	_____
ESCROW (More than one acre)	\$5,000.00	_____

If work is started without first obtaining a permit, a penalty fee will be charged in accordance with Chapter 9.07C of the Code of General Ordinances.

WETLANDS NOTICE TO PERMIT APPLICANTS

You are responsible for complying with state and federal laws concerning the construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources wetlands identification web page or contact a Department of Natural Resources service center.

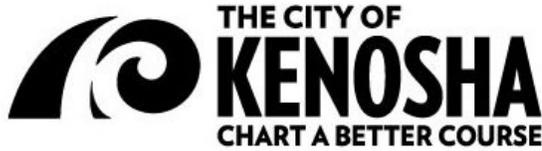
ADDITIONAL RESPONSIBILITIES FOR OWNERS OF PROJECTS DISTURBING ONE OR MORE ACRE(S) OF SOIL

I understand that this project is subject to Ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all of the permit information herein is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

→ **Property Owner's Signature** _____ **Date** _____

Please Print Name _____



**UTILITY REMOVAL SIGN-OFF REQUIREMENTS
FOR SECURING A RAZE PERMIT**

Address of Property Being Razed

1. Water meter and service removed

Print Name: _____

Signature: _____

Date _____

Water Utility
4401 Green Bay Road, Kenosha 53144, Phone 262.653.4300

2. Gas meter(s) and service(s) removed:

Print Name: _____

Signature: _____

Date _____

WE Energies @ Kenosha/Racine Service Center (KRSC)
201 First Street, Somers, WI 53403, Phone 262.552.7500

3. Electric meter(s) and services(s) removed:

Print Name: _____

Signature: _____

Date _____

WE Energies @ Kenosha/Racine Service Center (KRSC)
201 First Street, Somers, WI 53403, Phone 262.552.7500

PERFORMANCE AND PAYMENT BOND

[\$.00]

Permit No. _____

PROJECT DESCRIPTION: _____
{PERMITTED WORK}

BY: {Principal} _____

**To And For The Benefit Of
THE CITY OF KENOSHA, WISCONSIN**

KNOW ALL MEN BY THESE PRESENTS, THAT WE,

{Company Name}
{Address}

as Principal, and _____ {Surety}, are held and firmly bound unto the City of Kenosha, Wisconsin, a municipal corporation as Obligee, in the full and just sum of _____ Dollars and ____/100 cents [\$ _____], lawful money of the United States, to the payment of which sum, well and truly to be made, the Principal and Surety bind themselves, their and each of their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has applied for a raze permit with the Obligee for the above project, which Permit is hereby referred to and made a part hereof as fully and to the same extent as if copied at length herein.

NOW, THEREFORE, THE CONDITION OF THE OBLIGATION IS SUCH that if the Principal shall faithfully perform the Permitted Work in accordance with the Code of General Ordinances for the City of Kenosha and all other Federal and State laws, rules and regulations, and any amendments thereto, pertaining to the Permitted Work, and shall promptly pay all persons supplying labor or material to the Principal for use in the prosecution of the Permitted Work under said Permit, then this obligation shall be void; otherwise it shall remain in full force and effect.

Subject to the named Obligee's priority, all persons who have supplied labor or material directly to the Principal for use in the prosecution of the Permitted Work under the Permit shall have a direct right of action under this Bond.

Principal shall save and hold harmless the Obligee from all losses, damages, costs and expenses which Obligee may sustain or for which Obligee may become liable arising from the issuance of the Permit and the performance of the Permitted Work. The Surety's aggregate liability hereunder shall in no event exceed the amount set forth above.

Signed and dated at Kenosha, Wisconsin, this ____ day of _____, 20__.

{Principal}

BY: _____
Name: _____
Title: _____

{Surety}

BY: _____
Name: _____
Title: _____

[Witness]

[Witness]

Examined and approved as to form this ____ day of _____, 20__.

City Attorney

**Notification for Demolition and/or Renovation
 and Application for Permit Exemption**

Notice: Completion of this information is mandatory under ch. NR 406.04, 410.05 and 447.07, Wis. Adm. Code. Penalties for failure to provide complete information requested include forfeitures of \$10 to \$25,000, fines of up to \$25,000 and imprisonment for up to six months [s. 285.87, Wis. Stats.]. This form may be used to meet the notification requirements for the Department of Health Services, ch. DHS 159, Wis. Adm. Code. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Instructions: Notification to the Department of Natural Resources (DNR) or the Department of Health Services (DHS) may be submitted using Form 4500-113, online system (<http://dnr.wi.gov/topic/demo/asbestos.html>) or this paper version. Return completed form to the appropriate office listed on page 4. The DNR does not accept FAXed copies of original or revised notifications.

1. Project Information

Notification Type <input type="radio"/> After-the-Fact <input type="radio"/> Cancellation <input type="radio"/> On Hold <input type="radio"/> Original <input type="radio"/> Revised	Contractor Project No.	Date Received
---	------------------------	---------------

Project Type

- | | | |
|---|--|---|
| <input type="radio"/> Abatement/Demolition | <input type="radio"/> Enclosure, Encapsulation or Repair (DHS) | <input type="radio"/> Planned Renovation/Abatement (Annual-DNR) |
| <input type="radio"/> Abatement/Renovation | <input type="radio"/> Fire Training Burn | <input type="radio"/> Planned Renovation Project (DHS) |
| <input type="radio"/> Demolition | <input type="radio"/> Ordered Demolition (See page 2, 4b) | <input type="radio"/> Planned Renovation Subproject (DHS) |
| <input type="radio"/> Emergency Renovation/Abatement (See page 2, 4a) | | |

2. Date of DNR Required Pre-Project Asbestos Inspection

Inspector Certification Information

Start (mm/dd/yyyy)	End (mm/dd/yyyy)	Name	WI Inspector No.
--------------------	------------------	------	------------------

Asbestos present? Yes No

3. Dates of Asbestos Abatement and Renovation/Demolition

a. Abatement Start (mm/dd/yyyy)	Abatement End (mm/dd/yyyy)	b. Reno/Demo Start (mm/dd/yyyy)	Reno/Demo End (mm/dd/yyyy)
---------------------------------	----------------------------	---------------------------------	----------------------------

Work Days Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Work Hours: Start _____ : _____ End _____ : _____

Describe the project location (building or room), project schedule or other site specific information.

4. Facility Information

Facility Name	County
---------------	--------

Address Line 1	City	State	ZIP Code
----------------	------	-------	----------

Address Line 2	Age (yrs.)	Size (square ft.)	Stories (#)	Living Units (#)
----------------	------------	-------------------	-------------	------------------

Prior and Current Uses

	Prior	Current		Prior	Current		Prior	Current
Bridge	<input type="checkbox"/>	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	<input type="checkbox"/>	Residence	<input type="checkbox"/>	<input type="checkbox"/>
Commercial/Business	<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	K-12 School	<input type="checkbox"/>	<input type="checkbox"/>
Farm Building	<input type="checkbox"/>	<input type="checkbox"/>	Office	<input type="checkbox"/>	<input type="checkbox"/>	Ship/Boat	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	Public Building (Church, Library, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	University/College	<input type="checkbox"/>	<input type="checkbox"/>
						Vacant	<input type="checkbox"/>	<input type="checkbox"/>

During abatement the structure will be: Vacant Occupied *If occupied, complete and post an Asbestos Occupant Protection Plan, Form DPHF-44016.*

Single family home/garage/less than 5 living/apartment units? Yes No

Does the project have one or more houses that are part of an urban renewal, city/county condemnation, highway construction project or project to develop a shopping mall, industrial facility or other private development? Yes No

a. If an emergency abatement/renovation, complete the following information (attach additional sheets if necessary):

Date (mm/dd/yyyy)	Time (12-hour clock)
<input type="radio"/> am <input type="radio"/> pm	

Description of sudden, unexpected event.

Explanation of how event caused unsafe condition, potential equipment damage or an unreasonable financial burden.

b. If an ordered demolition, identify the government agency issuing the order and attach a copy of the order. To meet the requirements of an ordered demolition under NR 447, the building must be in imminent danger of collapse.

Name	Title	
Authority	Date of Order (mm/dd/yyyy)	Date Order to Begin (mm/dd/yyyy)

5. Owner Information

Owner Name _____

Address Line 1	Address Line 2		
City	State	ZIP Code	
Contact	Telephone Number ()	Email	

6. Asbestos Information

a. No. of Structures to be Demolished _____ Will mechanical means be used for abatement or is the material in poor condition?
 Yes No If yes, see 6b.

b. Removal Methods and Conditions: If any Cat I or II nonfriable materials on this project will be removed by mechanical chipping or drilling, cutting or sawing, abrading or grinding, add these material amounts to the Friable/RACM Surface Area box. If any Cat I or II nonfriable materials are in "poor condition" meaning the material is peeling, cracking or crumbling, add these material amounts to the Friable/RACM Surface Area box.

Amount of Asbestos, including: A. Regulated Friable Asbestos/RACM to be removed. B. Category I & II ACM TO BE removed. C. Category I & II ACM NOT removed.	A. Friable Asbestos/RACM TO BE removed	B. Nonfriable Asbestos Material TO BE removed		C. Nonfriable Asbestos Material NOT removed before demolition	
		CAT I	CAT II	CAT I	CAT II
Pipes (linear feet)					
Surface (square feet)					
Volume (cubic feet)					

c. Indicate the inspection procedure, including analytical methods, used to detect the presence of the ACM.

d. Description of the asbestos material involved and its location in the facility to be demolished/renovated.

e. Description of abatement, renovation and/or demolition work, including specific abatement/demolition methods to be used.

Notification for Demolition and/or Renovation and Application for Permit Exemption

Form 4500-113 (R 8/11)

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f. Description of abatement work practices/engineering controls and waste handling procedures, specific to this site, used in preventing ACM emissions.

g. Description of procedures to be followed if asbestos not previously identified is found or not previously nonfriable asbestos becomes crumbled, pulverized or reduced to a powder.

7. Asbestos Contractor Information

Contractor Name _____

Address Line 1	County		
Address Line 2	City	State	ZIP Code
Contact			
Telephone Number ()	Email		

8. Fee Information

Based on the values in Table 1, use the charts below to determine the fee for the notification. Fees are payable to the appropriate agency, DNR OR DHS.

a. DNR Fees

Project Type	Quantities to be Abated * Refer to the table in Section 6 to determine fee submittal amount * Make checks payable to WI Dept. of Natural Resources	Check Amount Due	Amount Rec'd By DNR
Demolition	Fire department training exercise on a single residential structure	<input type="checkbox"/> \$100	
Demolition	Less than 160 square and 260 linear feet of friable or any amount of nonfriable ACM	<input type="checkbox"/> \$135	
Reno/Demo	Original notification estimate of friable asbestos/RACM has changed by at least 20% during the project	<input type="checkbox"/> \$100	
Reno/Demo	At least 160 sq. or 260 ln. ft. friable asbestos/RACM but less than 1000 combined feet	<input type="checkbox"/> \$400	
Reno/Demo	Combined square & linear feet friable asbestos/RACM quantities of at least 1000 feet but less than 5000 feet	<input type="checkbox"/> \$700	
Reno/Demo	Combined square & linear feet friable asbestos/RACM quantities of at least 5000 feet	<input type="checkbox"/> \$1,325	
Reno/Demo	After-the-Fact notifications require double the appropriate fee listed above.	<input type="checkbox"/> \$_____	

Asbestos Renovation/Demolition Fees - Check or money order must be submitted with notification to DNR Asbestos Coordinator

b. DHS Fees

TYPE AND AMOUNT OF ASBESTOS:	Location: <input type="checkbox"/> Interior <input type="checkbox"/> exterior	Total Amount of Asbestos
<input type="checkbox"/> Friable - Submit notification for: <input type="checkbox"/> < 260 linear feet <input type="checkbox"/> < 160 square feet <input type="checkbox"/> < 35 cubic feet <input type="checkbox"/> Any amount of asbestos in residential buildings with fewer than 5 units Type: <input type="checkbox"/> Pipes/ducts <input type="checkbox"/> Surfacing <input type="checkbox"/> Other friable ACM: _____		Linear Feet
<input type="checkbox"/> Non-Friable - Submit notification for asbestos projects involving: <input type="checkbox"/> Flooring: <input type="checkbox"/> Any amount, intact manual methods, or, <input type="checkbox"/> < 160 square feet, mechanical chipping <input type="checkbox"/> Roofing: <input type="checkbox"/> Any amount, intact manual methods, or, <input type="checkbox"/> < 5,580 square feet, mechanical chipping <input type="checkbox"/> Siding: Any amount, intact methods only <input type="checkbox"/> Other non-friable ACM: _____		Square Feet
		Cubic Feet

For payment methods see instructions and fees. <input type="checkbox"/> No Fee Required		Fee	Received
<input type="checkbox"/> Original notice, 2 or more working days	<input type="checkbox"/> Sub-project <input type="checkbox"/> Revision, less than 2 working days	<input type="checkbox"/> \$50	
<input type="checkbox"/> Original notice, 2 or less than working days	<input type="checkbox"/> Planned renovation project notice	<input type="checkbox"/> \$100	

PROJECT NOTIFICATION AFFIDAVIT -- I am an authorized representative of the abatement company named above. I certify that the information provided on this form is correct to the best of my knowledge and that this project complies with Ch. DHS 159.Wis. Adm. Code.

Signature	DHS Certification Number	Date Signed
-----------	--------------------------	-------------

If DHS fees apply, this notification is complete. Fax notification and credit card payment to 608-266-9711. To mail, see address on page 4. If DNR fees apply, complete page 4.

9. Demolition Contractor Information

Contractor Name _____

Address Line 1 _____	County _____		
Address Line 2 _____	City _____	State _____	ZIP Code _____
Contact _____			
Telephone Number () _____	Email _____		

10. Transporter Information

Name _____

Address Line 1 _____	County _____		
Address Line 2 _____	City _____	State _____	ZIP Code _____
Contact _____			
Telephone Number () _____	Email _____		

11. Disposal Information

Disposal Site _____

Address Line 1 _____	County _____		
Address Line 2 _____	City _____	State _____	ZIP Code _____
Contact _____			
Telephone Number () _____	Email _____		

12. DNR Certification

I certify that the above submitted information is correct to the best of my knowledge.

Printed Name _____	Company and Title _____	
Signature _____	Date Signed _____	

13. Agency Notification

Indicate which of the following agencies/offices were sent a copy of the demolition/renovation notification. DNR has been delegated notification authority-- USEPA no longer requires a copy of the notification. Note: Dry asbestos removal requests must be pre-approved by DNR, prior to required notification.

Department of Natural Resources
 Asbestos Coordinator, AM/7
 Bureau of Air Management
 P.O. Box 7921
 Madison, WI 53707-7921

Department of Health Services
 Division of Public Health
 Asbestos/Lead(Pb) Section
 P.O. Box 2659
 Madison, WI 53701-2659

GUIDELINES FOR RAZING STRUCTURES

All Raze Permits shall be subject to the following conditions:

1. **Permit Term.** The razing of a building shall be completed within thirty (30) days after the date the permit was issued. The code official may at his/her discretion extend the permit term for cause. "Cause" shall mean the inability of the permittee to act due to circumstances beyond permittee's reasonable control upon the exercise of due diligence.
2. **Inspection of Work.** Work done under a raze permit is subject to inspection by the code official who shall have the authority to order corrective work. Failure to follow the orders of the code official, or to complete the raze in accordance with this code, shall give the code official authority to seek restitution from the required bond.
3. **Foundation of Razed Building.** Unless otherwise approved by the Code Official, whenever a Building has been razed, the foundation, if any, shall be removed and filled in with clean fill material approved by the City Engineer with the top two feet (2') of fill material being dirt or sand. No combustible material may be used for the fill material.
4. **Driveway Approaches, Sidewalks and Slabs.** Remaining driveway approaches shall be removed and replaced with curb and gutter; damaged public sidewalks shall be replaced; and driveway aprons, remaining slabs and private sidewalks shall be removed from the site prior to final approval. See City of Kenosha, Public Works Department, for permits and construction standards.
5. **Site Grading.** Whenever a building has been razed, the site shall be graded with a minimum of three inches (3") of topsoil, with seed and mulch or sod applied to cover the entire disturbed area.
6. **Disposal of Debris.** The permit holder shall dispose of all building debris in a licensed landfill, except for salvaged materials. At any time, the license holder shall produce to the code official receipts and/or an itemized list of debris disposed of by dumping or salvage.
7. **Site Safety and Security.** The permit holder shall, during the razing process, maintain the razing site in a safe and secure condition, and the license holder shall promptly report any personal injury and property damage to the code official. The code official may require additional safety and security methods, including fencing and gating, as deemed necessary to protect the site and restrict access to the public.

Other Information:

Subsurface tanks or pits that are no longer used as a private sewage system shall be abandoned by complying with ALL of the following:

- Disconnecting all piping to tanks or pits
- Sealing all disconnected piping in accordance with Wisconsin Department of Safety and Professional Services (DSPS), SPS 382.21 (2) (h)
- Pumping and disposing of contents from all tanks and pits
- Removing all tanks, removing covers of tanks or pits, and filling with soil, gravel, or inert solid material
- The site shall be graded with a minimum of three inches (3") of black dirt
- The site shall be seeded and mulched (or sodded) over the entire area that has been disturbed

Inspection Approvals Required:

1. From the Department of City Inspections (Room 100) at 262.653.4263:
 - Sewer and water abandonment (prior to commencement of razing of structure)
 - Storm sewer abandonment (prior to commencement of razing of structure) unless otherwise approved by the Department of Public Works
 - Septic system/tank abandonment (prior to commencement of razing of structure)
 - Foundation (after breaking walls down and prior to backfilling)
 - Final inspection (after grading, seeding and mulching, or sodding is completed)
2. From the Kenosha Water Utility at 262.653.4300:
 - Well abandonment (prior to covering)