APPLICATION FOR NON-STRUCTURAL DEMOLITION PERMIT
COVER SHEET

Project Address__________________________________________________

NOTE: This permit is for removing salvageable materials from a building and is not for demolition (interior or exterior) of the structure itself.

Please complete and submit the following:

1. _____ Non-Structural Demolition Permit application
2. _____ One (1) List of salvageable materials to be removed
3. _____ Plan of Activities (attach hereto)
   □ Project Narrative
   □ Identify location(s) and material for mechanized processes (i.e. shredders, grinders, crushers, etc.)
   □ Identify locations of dumpsters, stockpiles, or other containments (if stockpiling soil refer to Ch. 33 Land-Disturbing Erosion And Sediment Control Ordinance)
   □ Identify location(s) of Non-Structural Demolition Activities
4. _____ Will asbestos be disturbed or removed? Yes __________ No___________
   _____ If yes, documentation from Wisconsin-licensed inspection firm is required.

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.
APPLICATION FOR NON-STRUCTURAL DEMOLITION PERMIT
Form #DCI141 (rev. 02/20)

You will be notified when your permits are ready; please do not submit payment with permit applications.

Project Address__________________________________ Suite_______________________

Project Name _____________________________________________________________________________________

Property Owner____________________________________ Applicant________________________________________

Mailing Address ___________________________________ Mailing Address ________________________________

City ________________________ State______ Zip_______ City _____________________ State______ Zip________

Phone (_______)____________________________________ Phone (_______)_________________________________

Applicant e-mail__________________________________

Project Contact Person_____________________________________ Phone (_______)___________________________

Estimated cost of work to be done:_________________________________

Project Description:________________________________________

Security:

_____Letter of Credit (attached hereto); or

_____Alternate Security (attach description of extraordinary circumstances to consider and alternate security proposed

Proof of Insurance: _____attach hereto _____to be submitted by Licensee’s Contractor(s)

Mechanized Reduction Process Exemption _____Yes _____No

_______ Applicant must provide to the City, and must maintain, a list of initial contractors doing work that is subject to this

Initials

Non-Structural Demolition Permit, which list of contractors shall include proof of valid and subsisting policies of

insurance in satisfaction of the General Operating Requirements specified in § 13.0112 of the Code of General

For Office Use Only:

Ordinances.

Plan File #_________________________ Zoning______________ Review Chapter________________

Application Date: _______________ Approval Date: __________________

Date Issued: _______________ (valid 180 days from date issued) Expiration Date: _______________

I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand

Initials

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.

Applicant Signature: _____________________________________

________________________________________________________________________________________________

PLAN REVIEW

SQUARE FEET FEE QTY

50,000-75,000 $ 1,140.00 ________

75,001-100,000 $ 1,260.00 ________

100,001-200,000 $ 1,380.00 ________

Over 200,000 $ 1,800.00 ________

Department of City Inspections | 625 52 St Rm 100, Kenosha WI 53140 | Phone: 262.653.4263 | Fax: 262.653.4254 | Email: bldgpermits@kenosha.org | kenosha.org