

TOWN OF BEAVER
RAZING PERMIT APPLICATION

Date: _____

Owner Name: _____

Address: _____

Phone Number: _____

Parcel Number: _____

Address of property where razing is taking place if different than home address:

Description of building(s) being razed: _____

If an improvement was destroyed by fire or natural disaster and is being replaced with another building, a Town of Beaver Building Permit Application will be required.

Any questions contact Barb Patz Clerk/Treasurer (920) 619 9598