



CITY OF MADISON BUILDING INSPECTION DIVISION

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DEMOLITION/RAZE PERMIT APPLICATION

ZONING OFFICE USE ONLY	BLD _____ -20 _____ - _____
Application Date: _____	SPECIAL CONDITIONS:
Approval Date: _____	<input type="checkbox"/> Historic/Landmark
Approved by: _____	<input type="checkbox"/> Sewer Cap Permit
Fee: _____	

NOTE: PLAN COMMISSION MUST APPROVE DEMOLITION PERMITS FOR ALL PRINCIPAL STRUCTURES.

FILL IN THE FOLLOWING SECTIONS:

Property Address: _____

Applicant Name: _____

Applicant E-mail: _____ Applicant Phone Number: _____

SELECT TYPE OF BUILDING:

<input type="checkbox"/> Residential Building:	<input type="checkbox"/> Commercial Building: (Fee: Based on Volume of Building)
<input type="checkbox"/> 1 Unit Residential Building: (Fee: \$150)	Total Volume of Building (Sq. Ft): _____
<input type="checkbox"/> Two Unit Residential Building: (Fee: \$250)	<ul style="list-style-type: none"> • Area of Building Footprint: _____ • Building Height: _____
	Number of Dwelling Units Removed: _____

<input type="checkbox"/> Accessory Structure: (Fee: \$20)

IF THE ABOVE INFORMATION IS NOT SUPPLIED A DEMOLITION/RAZE PERMIT CANNOT BE ISSUED.