



CITY OF MADISON BUILDING INSPECTION DIVISION

215 Martin Luther King, Jr. Blvd., Suite 017 - PO Box 2984 Madison, WI 53701-2984
zoning@cityofmadison.com - 608.266.4551 - <http://www.cityofmadison.com/dpced/bi/>

DEMOLITION/RAZE PERMIT APPLICATION

ZONING OFFICE USE ONLY

Application Date: _____

Approval Date: _____

Approved by: _____

Fee: _____

BLD _____ -20____ - _____

SPECIAL CONDITIONS:

☐ Historic/Landmark

☐ Sewer Cap Permit

NOTE: ALL DEMOLITIONS ARE REQUIRED TO HAVE A HISTORIC VALUE REVIEW. CONTACT LANDMARKSCOMMISSION@CITYOFMADISON.COM FOR MORE INFORMATION.

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 (Cu. 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: _____

☐ Accessory Structure: (Fee: \$20)

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