



Unsafe Structure Determination Request Form

Paper applications will be accepted by the Office of Planning, Preservation, and Design; however, electronic submissions through our Permit Portal are preferred. This application can be submitted electronically at www.madison-in.gov/reporting.

Purpose: To determine if the building or structure has any or all of the conditions or defects described in the Madison Unsafe Building Ordinance to be deemed to be an unsafe building, provided that such conditions or defects exist to the extent that life, health, property, or safety of the public or its occupants are endangered.

PERSONAL INFORMATION OF THE PROPERTY OWNER*

Name: _____

Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Phone (Preferred): _____ Phone (Alternate): _____

Email: _____ *Request must come from the property owner.

LOCATION OF STRUCTURE TO BE INSPECTED

Street Address: _____

Intersecting Street (if applicable): _____

TYPE OF STRUCTURE TO BE INSPECTED

- | | |
|--|---|
| <input type="checkbox"/> Primary Residential Structure | <input type="checkbox"/> Commercial Structure |
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Other: _____ |

Number of Rooms: _____ Number of Stories: _____

Roof Material: _____ Interior Wall Material: _____

Exterior Wall Material: _____ Foundation Material: _____

Does the structure have a basement?

- Yes, full basement No, crawl space No, on a slab

This determination request is based only on the information provided, which I represent as accurate. The issuance of a Unsafe Building Determination does not relieve the Applicant of the responsibility to obtain other zoning or non-zoning permits, as may be required. Additional information may be requested and required to properly process this form. I understand by signing this form, I am giving the Building Inspector and/or Code Enforcement Officer permission to enter the property to complete the inspection.

By signing below, I acknowledge that I have read, understood, and consent to the above.

Date

Signature of Applicant

COMPLETED BY PLANNING OFFICE

Report Form Accepted on: _____ Report Form Accepted by: _____

Report Reviewed by: _____ Report Reviewed on: _____

Status: Unsafe Building Confirmed Unsafe Building Not Found