



Building, Safety  
and Zoning  
Department

**OFFICE USE ONLY**

Permit #: \_\_\_\_\_

Date: \_\_\_\_\_

Issued by: \_\_\_\_\_

Fee: \$50.00

Cash/Check#: \_\_\_\_\_

Receipt #: \_\_\_\_\_

**DANGEROUS, DERELICT OR ABANDONED COMMERCIAL STRUCTURES**

The City of Watertown Code Chapter 424-8 states that if a commercial or industrial property is determined to be Dangerous, Derelict or an Abandoned Structure, the owners and/or mortgagee must register the properties with the Building, Safety & Zoning Department on forms provided by the Department. *If contact information changes, the City of Watertown shall be notified within seven days of it changing. Please complete, sign and return this form with initial inspection fee to: Building Inspector, Building Safety and Zoning, 106 Jones Street, Watertown, WI 53094.*

**1. Property**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Legal Description \_\_\_\_\_  
\_\_\_\_\_

**2. Owner**

Name(s): \_\_\_\_\_

Address (No P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_  
\_\_\_\_\_

**3. 24-Hour Contact**

Name(s): \_\_\_\_\_

Address (No P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_  
\_\_\_\_\_

**4. Expected Period of Vacancy**

From: \_\_\_\_\_ To: \_\_\_\_\_

**5. Plan for Regular Maintenance During Period of Vacancy**

Attached

**6. Rehabilitation Plan**

Site Plan Review Application

Rehabilitation Plan

Expected Date to Receive Application & Plans: \_\_\_\_\_