

ONE STOP PERMITTING

CITY OF BIRMINGHAM
DEPARTMENT OF PLANNING, ENGINEERING & PERMITS
710 20th Street, North
ROOM 207, CITY HALL
BIRMINGHAM, ALABAMA 35203

Randall L. Woodfin
Mayor

Katrina R. Thomas
Director

CONDEMNATION WRITE UP SHEET

Date_____

Case No. _____

Master No. _____

Project No. _____

Site Address: _____

Location: (floor, wing, suite, etc.) _____

Project Name: _____

Date_____

Case No. _____

Master No. _____

Project No. _____

Is Structure Repairable? ☐ Yes ☐ No

Repair Cost \$ _____

Is Address on House? ☐ Yes ☐ No

Building Use: ☐ Residential ☐ Non Residential ☐ Other _____

Construction Material: ☐ Concrete ☐ Steel ☐ Wood ☐ Wood/Masonry ☐ Other _____

Number of Stories _____

Number of Families _____

Number of Kitchens _____

Number of Rooms _____

Number of Occupants _____

Number of Baths _____

Demolition Code:

☐ 645 – Residential 1 unit

☐ 646 – Residential 2 units

☐ 647 – Residential 3-4 units

☐ 648 – Residential 5+ units

☐ 649 – Non Residential

Complaint Source:

☐ Citizen ☐ Mayor

☐ Council ☐ MOCA

☐ Fire ☐ Observation

☐ Housing ☐ Police

☐ Other _____

Building Age: _____ years

Asbestos: ☐ Abated ☐ Not Found ☐ Present

Building Size: L_____ W_____ H_____ S.F. _____

Electrical: ☐ Yes ☐ No

Water: ☐ Yes ☐ No

Gas: ☐ Yes ☐ No

Garage: L_____ W_____ H_____ S.F. _____

☐ Concrete Slab ☐ Driveway

The following comments and conditions were noted regarding the property listed above. These conditions are considered below minimum standards for safe, livable and sanitary habitation as specified in the Housing Code:

ELECTRICAL

WIRING TYPE

☐ AC Cable (Armored Cable) ☐ Conduit ☐ Knob and Tube

☐ MC Cable (Metal Clad) ☐ NM Cable (Romex) ☐ Other _____

WIRING CONDITION

☐ Damaged ☐ Deteriorating ☐ Good ☐ Removed

WIRING GENERAL

☐ Needs Replacing ☐ Needs Replacing/Upgrading ☐ Needs Upgrading ☐ None ☐ Seemingly O.K.

PANEL AMPS

☐ 60 ☐ 125 ☐ 150 ☐ 200 ☐ 250 ☐ 300 ☐ 300 and above

POWER METER IN PLACE? ☐ Yes ☐ No

PLUMBING

TOILET LOCATIONS _____

WATER HEATER TYPE: ☐ Electric ☐ Gas

BUILDING DRAIN: ☐ Septic ☐ Sewer ☐ None

PLUMBING CONDITION:

☐ Damaged ☐ Needs Inspection ☐ Needs Repairing ☐ None ☐ Parts Missing

☐ Removed ☐ Seemingly OK ☐ Vandalized ☐ Other _____

HEATING SYSTEM: ☐ Central Heat ☐ Floor Furnace ☐ None ☐ Removed ☐ Space Heater ☐ Wall Unit ☐ Window Unit

HEATING SYSTEM ☐ Damaged ☐ Needs Inspection ☐ Needs Repairing ☐ None ☐ Parts Missing ☐ Removed

CONDITION: ☐ Seemingly OK ☐ Vandalized ☐ Other _____

GAS METER

BATHTUBS _____

SHOWER STALLS _____

URINALS _____

SINKS _____

LAVATORIES _____

WATER CLOSETS _____

WASHER CONNECTIONS _____

ACCESSORY BUILDINGS

	QTY	MATERIAL (circle all applicable)	CONDITION (circle all applicable choices)**
CARPORT		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
FENCE		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
GARAGE		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
SHED		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
SHED/STORAGE		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
OTHER*		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK

*IF SELECTION IS NOT LISTED, PLEASE NOTE:

COMMENTS: _____

PEP 2021-11-12

HAZARDOUS MATS

ASBESTOS <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>				LEAD <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
LOCATION (Circle All Applicable Choices)			QTY	UNIT	LOCATION (Circle All Applicable Choices)			QTY	UNIT
CEILING SPRAY	GYPSOM BOARD	PANEL		Inches	CEILING SPRAY	GYPSUM BOARD	PANEL		Inches
CEILING TILE	INSULATION	SIDING		CEILING TILE	INSULATION	SIDING	UNIT		
EXTERIOR PAINT	INTERIOR PAINT			EXTERIOR PAINT	INTERIOR PAINT	TAPE	Lin. Ft.		
FLOOR TILE	JOINT COMPOUND	VENT PIPE		FLOOR TILE	JOINT COMPOUND	VENTPIPE	Sq. Ft.		
OTHER_____				Sq. Ft.	OTHER_____				Sq. Ft.
COMMENTS:_____									

SELECT FROM THE LIST BELOW WHEN DOCUMENTING THE CONDITION OF THE FOLLOWING ITEMS:

	CONSTRUCTION MATERIAL	CONDITION			
ALUMINUM	BURNED/NFTR	DAM/NFTR	METAL	PIPE RAIL	SEEMINGLY OK
ALUM/GLASS	CLOSED UP	DECAYED	MISSING	PLASTER	STEEL
ASBESTOS SIDING	COLLASPING	DETERIORATED	NEEDS REPLACING	PRESSURE TREATED	SHINGLE-ASPHALT
ASPHALT	CONCRETE	FALLING OFF	NONE	REMOVED	SHINGLE-WOOD
BRICK	CONCRETE BLOCK	FAULTY	OPEN	ROLL ROOFING	WOOD
BUILT-UP	CRACKING	GYPSUM BOARD	OTHER (SEE NOTES)	SAGGING	WROUGHT IRON
BURNED/FTR	DAM/FTR	MASONRY	PANELING	SECURED	
FRONT STEPS					

REAR STEPS					

FRONT STEPS HANDRAIL					

REAR STEPS HANDRAIL					

FRONT PORCH					

REAR PORCH					

FRONT PORCH HANDRAIL					

REAR PORCH HANDRAIL					

FLOORS					

PIERS AND FOUNDATIONS					

SPOUTS AND GUTTERS					

FACIA AND SOFFIT					

WINDOWS					

SECURE <input type="checkbox"/> Yes <input type="checkbox"/> No					
EXT.DOORS					

SECURE <input type="checkbox"/> Yes <input type="checkbox"/> No					
EXTERIOR WOOD					

EXTERIOR MASONRY					

OTHER					

CHIMNEY FLUES					

FIREPLACES					

FLOOR JOISTS					

ROOF FRAMING					

STUDS					

ROOF COVERING					

PERCENT OF DETERIORATION					

INTERIOR WALLS					

INTERIOR CEILING					

IS STRUCTURE BURNED?

☐ Yes ☐ No

If yes, Percent of Burn _____

EMERGENCY ACTION REQUIRED?

☐ Yes ☐ No

GENERAL CONDITION

TOTAL PERCENT OF DETERIORATION _____

FILLING?

☐ Yes ☐ No

BASEMENT CELLAR _____

BASEMENT/CELLAR?

☐ Yes ☐ No

NEEDS _____

SEC

TWP

RNG

PARCEL I.D. #

LOT SIZE: _____

COMMENTS: _____

DATE _____

INSPECTOR'S SIGNATURE _____