

**PRIOR TO THE ISSUANCE OF A DEMOLITION PERMIT A BUILDING PERMIT MUST BE ISSUED FOR THE DEMOLITION OF ANY STRUCTURE(S) LOCATED ON THE PARCEL AND A NON-REFUNDABLE FEE COLLECTED: INTERIOR (RESIDENTIAL, COMMERCIAL OR COMMERCIAL TENANT SPACE - \$150.00 SINGLE FAMILY RESIDENTIAL HOUSE - \$200.00 COMMERCIAL BUILDING - \$250.00**

Date Issued: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Approved by: \_\_\_\_\_  
(Permit is valid for six (6) months from the date of issuance)

Address where Demolition will take place:

Street: \_\_\_\_\_

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

Property Owner Name: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_ Parcel ID \_\_\_\_\_

Describe the proposed Job: \_\_\_\_\_  
\_\_\_\_\_

Contractors Business License Number# (attach a copy) \_\_\_\_\_

Contractors Name: \_\_\_\_\_

Drivers License # \_\_\_\_\_ Work # \_\_\_\_\_ Alternate # \_\_\_\_\_

**Rodent/Vermin Extermination Done:**

Self: Yes  No  Date: \_\_\_\_\_

Contractor: Yes  No  Date: \_\_\_\_\_

Name of Exterminator: \_\_\_\_\_

Telephone # \_\_\_\_\_ Alternate # \_\_\_\_\_

**Utilities Confirmed Off - (At Street)**

Gas: Yes  No  Date: \_\_\_\_\_ Electric: Yes  No  Date: \_\_\_\_\_

Water: Yes  No  Date: \_\_\_\_\_ Other: Yes  No  Date: \_\_\_\_\_

**Asbestos Inspection Report - Required from either the Property Owner or Contractor**

Report Attached Yes  No  Date: \_\_\_\_\_

**Contractors Only - The following forms must be attached to the permit application: Georgia Project Notification Form for Asbestos Renovation, Encapsulation, or Demolition, the Completion Notification Form and the Manifest Form:** Forms Attached: Yes  No

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_