



# DEMOLITION PERMIT APPLICATION

Department of Environment and Community Development  
141 Pryor Street, Suite 2085  
Atlanta, Georgia 30303  
404-730-7800  
Fax: 404-730-0016

**Site Information:**  Residential  Non-Residential  Residential  Non-Residential  
\*\*\*\*Any building over one story in height shall require a pre-inspection and post inspection.\*\*\*\*

Demolition of:  \*entire structure  part of structure only  interior only  
(\*Demolition of an entire structure requires a pest/rodent inspection letter before issuance of a building permit.)

Site Address \_\_\_\_\_ Cost of Demolition: \$ \_\_\_\_\_  
Type of Structure: (wood, stucco, etc.) \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
No. of Units \_\_\_\_\_ No. of Stories \_\_\_\_\_ No. of Rooms \_\_\_\_\_ Total Square Footage \_\_\_\_\_  
Which utilities will be disconnected: Gas  Sewer  Septic Tank  Electrical  Water   
Proposed Date of Demolition: \_\_\_\_\_ Equipment used to demolish structure: \_\_\_\_\_

Will this project involve the removal or encapsulation of asbestos? Yes  No  If yes, this permit may not be issued until you have presented this office with your Asbestos Contracting License and the Notification of Asbestos Renovation, Encapsulation, or Demolition from the Georgia Department of Natural Resources, Asbestos Licensing and Certification Unit, Environmental Protection Division.  
Asbestos Contracting License Number# \_\_\_\_\_

### Owner Information

Owner's Name(s): \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

### Contractor Information

Owner's Name(s): \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Business License Number \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Applicant's Certification

I hereby certify that the site described herein will be constructed and/or used in accordance with all applicable zoning ordinances and laws governing the Department of Environment and Community Development.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

### **To be completed by E&CD Staff Only**

Sheet No. \_\_\_\_\_ Land Lot \_\_\_\_\_ District \_\_\_\_\_ Section \_\_\_\_\_ Unit No. \_\_\_\_\_

Zoning \_\_\_\_\_ Zoning Case No. \_\_\_\_\_ Census Code \_\_\_\_\_ Penalty? Yes  No

Comments or Notes: \_\_\_\_\_

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