

Demolition Permit Application

Site/Project Information	Date: _____		ePlan #: _____			
	Site Information: Residential Commercial Permit Number: _____					
	Demolition of: *Entire Structure Part of Structure Only Interior Only					
	*Any building over one story in height shall require a pre-inspection and post inspection.					
	Site Address: _____					
	Subdivision: _____		Block: _____	Lot: _____	Parcel ID: _____	Cost of Demolition: _____
	Type of Structure (wood, stucco, etc.): _____					
	Number of Units: _____		Number of Stories: _____	Number of Rooms: _____	Total Square Footage: _____	
	All utilities must be disconnected: Gas Sewer Septic Tank Electrical Water					
	Proposed Date of Demolition: _____		Equipment Used to Demolish Structure: _____			
I understand that I must call for a post inspection and must provide inspector with a copy of the landfill tickets (receipts:) _____						
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 <u>Asbestos Contracting License</u> and the <u>Notification of Asbestos Renovation, Encapsulation, or Demolition</u> from the Georgia Department of Natural Resources, Asbestos Licensing and Certification Unit, Environmental Protection Division .						
Asbestos Contracting License Number: _____						
For a list of common questions on Asbestos visit: https://www.epa.gov/asbestos			For additional information about Georgia requirements: http://www.epd.georgia.gov/asbestos			
Owner	Owner Name: _____		Owner Phone Number: _____			
	Owner Mailing Address: _____		City: _____	State: _____	ZIP Code: _____	
Contractor	Business Name: _____		Email: _____			
	Business Mailing Address: _____		City: _____	State: _____	ZIP Code: _____	
	Occupation Tax License Number: _____	State Certification Number: _____	Phone Number: _____	Cell Phone Number: _____		
<p><i>I hereby certify that the information provided above is true and accurate. All demolition work is to be performed in accordance with Georgia EPD and all applicable zoning ordinances and laws governing Community Development for the City of Peachtree Corners, GA.</i></p> <p>Applicant Signature: _____ Date: _____</p>						
For Office Use Only						
Total Permit Fee: \$ _____ Date Issued: _____ Issued By: _____						