



DEMOLITION PERMIT APPLICATION

Residential Commercial Other

Demolition fees: *Single Family Demolitions are \$100.00 per house.
Commercial Demolitions are a minimum of \$100 plus \$6.50 per \$1000.*

Site Address:	Suite/Unit/Lot#:	Zip:
Project Name:	Anticipated Date of Demolition:	

PROPERTY

Tax Parcel #: _____-_____-_____-_____	Zoning:	Stonecrest Overlay District: <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Owner:	Phone:	
Contact Name:	E-mail:	
Address:	Suite #:	
City:	State:	Zip:

APPLICANT

Applicant is: <input type="checkbox"/> Demolition Contractor <input type="checkbox"/> Authorize Permit Agent <input type="checkbox"/> General Contractor <input type="checkbox"/> Property Owner		
Company Name:	Phone:	
Contact Name:	E-mail:	
Address:	Suite #:	
City:	State:	Zip:
State License #: <input type="checkbox"/> Individual <input type="checkbox"/> Qualifying Agent	Expires:	Business License #:
Company State License #:	Expires	Unless Individual license, must provide both company and company's qualifying agent license

WORK INFORMATION

Building Height: FT	Number of stories:	Number of Bedrooms:
Work Area:	Occupant Type:	Construction Type: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB
<input type="checkbox"/> No asbestos found- attach survey by Georgia licensed asbestos inspector and inspector's license. <input type="checkbox"/> Asbestos remediated- attach EPD Certification of Completion <input type="checkbox"/> No rodent infestation- attach letter from licensed pest control company dated within last 30 days. <input type="checkbox"/> If the property owner dose not sign the application, please attached a notarized letter from the property owner authorizing the demolition.		
Describe the scope of Demolition:		Valuation:
Anticipated Future Use of Site:		

CERTIFICATION

I hereby certify that I have read and examined all information provided herein is true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of the permit does not presume to give authority to violate or cancel the provisions of any state or local law regarding construction or the performance of construction. I understand that I am responsible for obtaining all required inspections. The work must begin and the first inspection passed no more than 180 days from the issue date of the permit or the permit is EXPIRED. All required plans, specifications, contractor state licensure, and business licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Stonecrest from all damages, demands, or expenses of every character which may in any manner be caused by the work permitted.

Owner/Contactor Signature: _____ Da te: _____

TO BE COMPLETED STAFF	
Building Permit Fee Due \$ _____	Permit Number: _____
Approved By: _____	Date: _____