# DEMOLITION PERMIT APPLICATION

SITE/PROJECT INFORMATION

Site Information: [ ] Residential [ ] Non-Residential

Demolition of: [ ]*entire structure [ ] part of structure only

***Any building over one story in height shall require a pre-inspection and post inspection.***

Site Address_____

Lot_____ Block_____

Cost of Demolition: $_____

Type of Structure: (wood, stucco, etc.) _____

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 <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#_____**

OWNER

Owner Name

Owner Mailing Address | City | State | Zip Code

Phone (Home) | Phone (Cell) | Fax | E-Mail

CONTRACTOR

Business Name | Agent

Business Mailing Address | City | State | Zip Code

Business License No. | Phone | Fax | E-Mail

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

Applicant Signature | Date