



# Greene County Building and Zoning

## DEMOLITION PERMIT APPLICATION

**Chuck Wooley**

Building Official

1034 Silver Drive, Suite 103, Greensboro, GA 30642 - Telephone (706) 453-3333 - FAX (706) 453-2579

www.greencountyga.gov/building

### OFFICE USE ONLY

Permit # \_\_\_\_\_ Fee **\$150** Date \_\_\_\_\_

### PROPERTY AND STRUCTURE INFORMATION

Address of project: \_\_\_\_\_ City: \_\_\_\_\_ GA Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Parcel: \_\_\_\_\_

Structure Type: House Accessory Building Commercial Building Other: \_\_\_\_\_

Building Square Footage: \_\_\_\_\_

### OWNER INFORMATION

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ GA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Parcel: \_\_\_\_\_

### CONTRACTOR INFORMATION

*(Copy of business license and certification card if applicable must be provided.)*

Name of Company: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ GA Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CAREFULLY READ AND INITIAL ACKNOWLEDGING YOUR UNDERSTANDING OF THE FOLLOWING STATEMENTS:

- \_\_\_\_\_ INITIAL. I have provided proof of ownership of the land and structure.
- \_\_\_\_\_ INITIAL. I have provided one (1) copy of the Contractor's business license.
- \_\_\_\_\_ INITIAL. I have provided one (1) copy of the asbestos and or lead test report and one (1) copy of the asbestos waste shipment document if applicable.
- \_\_\_\_\_ INITIAL. There is to be NO burning or burial of any man made materials including wood used in construction.
- \_\_\_\_\_ INITIAL. When completed it is REQUIRED for you to call the office (706.453.3333) for a final inspection.
- \_\_\_\_\_ INITIAL. Landfill and Waste Container receipts are REQUIRED.
- \_\_\_\_\_ INITIAL. All utilities have been disconnected to the structure prior to receiving this permit.

Applicant's Name: \_\_\_\_\_

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