



The City of Garden City, Georgia
100 Central Avenue, Garden City, Georgia 31405
Phone: 912.966.7777 Fax: 912.963.2735

Permit No.: _____

Total Permit Fee: \$ _____

DEMOLITION PERMIT APPLICATION

Site Information: Residential Non-Residential
Demolition of: *Entire Structure Part of a Structure Only Interior 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.): _____

Number of Units: _____ _ Number of Stories: _____ Number 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.*

Owner Information

Owner Name: _____
Owner Mailing Address: _____
Phone: _____

Contractor Information

Business Name: _____
Business Mailing Address: _____
Business License Number: _____
Phone: _____

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 Garden City. I hereby certify that the site described herein will be constructed and/or used in accordance with all applicable zoning ordinances and laws.

Applicant's Signature

Date