



DEMOLITION PERMIT APPLICATION

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 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.

Asbestos Contracting License Number# _____

Owner Name _____

Owner Mailing Address _____

City _____

State _____

Zip Code _____

Phone (Home) _____

Phone (Cell) _____

Fax _____

E-Mail _____

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 _____

City of Sandy Springs- 7840 Roswell Road, Building 500, Sandy Springs, Georgia 30350- 770-730-5600

www.sandyspringsga.org

Demolition Permit Application

7/14/2010

SITE/PROJECT INFORMATION

OWNER

CONTRACTOR