



City of Milton

13000 Deerfield Parkway Suite 107 F Milton Georgia 30004

P: 678-242-2500 ~ F: 678-242-2550

DEMOLITION PERMIT APPLICATION

Permit No: _____

Site Information: Residential Non-Residential

Demolition of: *entire structure part of structure only interior only
**Any building over one story in height shall require a pre-inspection and post inspection.*

Site Address _____

Subdivision _____ Block _____

Cost of Demolition:
\$ _____

Lot _____ Parcel ID _____

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

No. of Units _____ No. of Stories _____ No. of Rooms _____ Total Square Footage _____

All utilities **must** be disconnected: Gas Sewer Septic Tank Electrical Water

Proposed Date of Demolition: ____ / ____ / ____

I understand that I must call for a post inspection and must provide inspector with a copy of the landfill tickets. (Receipts) _____

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# _____

For a list of common questions on Asbestos go to:
<http://www.epa.gov/region4/air/asbestos/asbqa.htm>

For additional information about Georgia requirements:
<http://www.gaepd.org/Documents/asbnotify.html>

SITE/PROJECT INFORMATION

OWNER

Owner Name _____ Phone # _____

Owner Mailing Address _____ City _____ State _____ Zip Code _____

CONTRACTOR

Business Name _____ Agent _____

Business Mailing Address _____ City _____ State _____ Zip Code _____

Occupation Tax License No. _____ State Certification # _____ Phone # _____ Cell phone # _____

I hereby certify that the information provided above is true and accurate. All demolition work is to be performed in accordance with Georgia EPD and all applicable zoning ordinances and laws governing Community Development for the City of Milton

Applicant's Signature _____ Date _____

Total Permit Fee: \$ _____ Date Issued: ____ / ____ / ____ Issued By: _____