



DEMOLITION PERMIT APPLICATION

www.cityofclaytonga.gov

A. APPLICATION TYPE

Type of Application: Residential Non-Residential

B. DEMOLITION INFORMATION

Demolition of: Entire Structure Interior Only Part of Structure Only

C. SITE INFORMATION

Site Address: _____ Cost of Demolition: \$ _____

Type of Structure: _____ Total Square Footage: _____

No. of Units: _____ No. of Stories: _____ No. of Rooms: _____ Total Sq. Footage: _____

Which utilities will be disconnected: Water Sewer Septic Electric Gas

Proposed Date of Demolition: _____ Equipment Used to Demo: _____

Zoning: R-1 R-2 R-3 NS TCD CBD HB M-1 A-1

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 #: _____

D. OWNER INFORMATION

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

E. CONTRACTOR INFORMATION

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Business License #: _____ Expires: _____

Contractor License #: _____ State: _____ Expires: _____

F. PERMIT FEE \$75.00

I hereby certify that the site described herein will be demolished and/or used in accordance with all applicable zoning ordinances and laws governing the City of Clayton and the State of Georgia.

Signature of Applicant

Date

Type or Print Name