



Permit #:

DEMOLITION PERMIT APPLICATION

Site Address:	Suite/Unit #:	Zip:
Project Name:	Anticipated Date of Demolition:	

PROPERTY

Tax Parcel # _____ - _____ - _____ - _____	Zoning District:	Brookhaven Overlay District: <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Owner:		Phone:
Contact Name/Agent:		E-mail:
Address:		Suite #:
City:	State:	Zip:
Signature of Property Owner/Agent:		Date:
<i>This document, granting permission for demolition, <input type="checkbox"/> was <input type="checkbox"/> was not signed in the presence of City staff. Initial: _____ Date: _____</i>		

DEMOLITION CONTRACTOR

Company Name:	Phone:
Contact Name:	E-Mail:
Address:	
City:	State:
State License #: <input type="checkbox"/> Individual <input type="checkbox"/> Qualifying Agent	Expires:
Company State License #:	Expires:
Business License #: <i>If Qualifying Agent, must provide both company and company's qualifying agent licenses</i>	

APPLICANT

Applicant is: <input type="checkbox"/> Demolition Contractor <input type="checkbox"/> General Contractor <input type="checkbox"/> Authorized Permit Agent <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Property Owner	
Applicant's Name:	Phone:
Company Name:	E-Mail:
Address:	
City:	State:
Zip:	

WORK INFORMATION

Work Area:	SF	Occupancy Type:	Construction Type:	Building Height:	FT	No. Stories:
<input type="checkbox"/> No asbestos found – <i>attach survey by Georgia-licensed asbestos inspector and inspector's license</i> <input type="checkbox"/> Asbestos remediated – <i>attach EPD Certification of Completion</i> <input type="checkbox"/> No rodent infestation – <i>attach letter from licensed pest control company dated within last 30 days</i> <input type="checkbox"/> Original threshold elevation: _____ FT as measured and certified by licensed surveyor or engineer – <i>attach certification</i>						
Describe Scope of Demolition:						
Anticipated Future Use of Site:						

CERTIFICATION

I certify that I have read and examined this application and know the same to be true and correct, understands that the permit issued is only for construction as stated, and that the occupancy of the structure is not permissible until all requirements are met and a Certificate of Occupancy has been issued by the City of Brookhaven. The permit is granted on the express condition that the said construction shall, in all respects, conform to the ordinances and laws of the City of Brookhaven, Georgia, including the zoning ordinance, regulating the construction and use of buildings, and may be revoked at any time upon violation of any provisions of said ordinances. Construction will begin no later than 180 days from issue date of the permit. All required plans, specifications, contractor state licensure, and business licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Brookhaven from all damages, demands, or expenses of every character which may in any manner be caused by construction and/or the structure.

Applicant Signature: _____ Date: _____