



Peach County
410 Old Macon Rd.
Fort Valley, GA 31030
inspectionsga@bureauveritas.com

**Demolition
 Permit
 Application**

Date: ____ / ____ / ____

Permit No. _____

JOB SITE ADDRESS:				
Type of Structure:			Zoning District: Map & Parcel:	
Description of Work : _____ _____				
Property Owner	Name:		Phone: Email:	
	Address:		State: Zip:	
Demolition Contractor	Name:		Phone: Email:	
	Occupational Tax #:			
	Address:		State: Zip:	
Where will debris be taken?				
Will there be any mitigation required for asbestos or mold?			Yes _____ No _____ If "yes", provide mitigation report.	
Are there any other structures on the property?			Yes _____ No _____	
Is the project site or the area of proposed land disturbing activity with 200 feet of State waters?			Yes _____ No _____	
<p>Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all work will comply with City Ordinances and regulations.</p>				
Signature of Applicant : _____			Date: _____	
FOR OFFICE USE ONLY		Code Official Signature:		
Construction Type:		Occupancy:	LDP Required: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Sq. Footage	Valuation Multiplier	Valuation \$	
Heated				
Unheated				
TOTAL				
Administrative Fee:	Building Permit Fee:	Plan Review Fee:	CO Fee:	Total Fee:
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____