

PERMIT #: _____

FEE: \$ _____

DEMOLITION PERMIT

Jurisdiction: City of Donalsonville, Georgia
(229) 524-2118 Phone (229) 524-8360 Fax

Applicant to complete numbered spaces:

1.	Job Address:		
2.	Owner:		
3.	Contractor:		City License No.:
4.	Type of Structure:		
5.	Class of Work:	DEMOLITION	
6.	Describe Work:	DEMOLITION AND BUILDING RUBBISH REMOVAL FROM JOB ADDRESS PER APPLICABLE CODES AND / OR ORDINANCES OF THE CITY OF DONALSONVILLE	
7.	Cubic Feet to be Demolished:		

<p>8. _____ SIGNATURE OF APPLICANT</p> <p>_____</p> <p>DATE</p> <p style="text-align: center;"><u>BUILDING DEPARTMENT APPROVAL</u></p> <p>_____</p> <p>BUILDING DEPARTMENT REPRESENTATIVE</p> <p>_____</p> <p>DATE</p>	<p style="text-align: center;">NOTICE</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED AND COMPLETE WITHIN 30 DAYS FROM PERMIT ISSUANCE (UNLESS OTHERWISE NOTED ON THIS PERMIT).</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DEMOLITION PERMIT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>
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APPROVAL FOR DEMOLITION

I, _____, respectfully request your approval for demolition in the city of Donalsonville for the job address shown above.

APPROVED BY:

DIRECTOR OF PUBLIC WORKS

OVERHEAD CLEARANCE, SOUTHERN BELL

GAS DEPARTMENT SUPERINTENDENT

OVERHEAD CLEARANCE, GA. POWER

UTILITIES DEPT. SUPERINTENDENT

OVERHEAD CLEARANCE, TCI OF GA.

COMMENTS AND / OR RESTRICTIONS: _____