



**City of South Fulton**  
 Department of Community  
 Development Services  
 5440 Fulton Ind. Blvd  
 Atlanta, GA 30336  
 470-809-7200  
[www.cityofsouthfultonga.gov](http://www.cityofsouthfultonga.gov)

Permit No. \_\_\_\_\_

Total Permit Fee\$ \_\_\_\_\_

## DEMOLITION PERMIT APPLICATION

Site Information:     Residential     Non-Residential

\*\*\*\* Any building over one story in height shall require a pre-inspection and post inspection. \*\*\*\*

**Demolition of:**             \*entire structure     part of structure only     interior only  
 ( \* Demolition of an entire structure requires a pest/rodent inspection letter before issuance of a building permit .)

Site Address \_\_\_\_\_ Cost of Demolition: \$ \_\_\_\_\_

Type of Structure: (wood, stucco, etc.) \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

No. of Units \_\_\_\_\_ No. of Stories \_\_\_\_\_ No. of Rooms \_\_\_\_\_ Total Square Footage \_\_\_\_\_

Which utilities will be disconnected: Gas     Sewer     Septic Tank     Electrical     Water

Proposed Date of Demolition: \_\_\_\_\_ Equipment used to demolish structure: \_\_\_\_\_

**Will this project involves the removal or encapsulation of asbestos?    Yes  No  If yes, this perm it m 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# \_\_\_\_\_**

### Owner Information

Owner's Name(s): \_\_\_\_\_ Telephone#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

### Contractor Information

Owner's Name(s): \_\_\_\_\_ Telephone#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Business License Number \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Applicant's Certification

I hereby certify that the site described herein will be constructed and/or used in accordance with all applicable zoning ordinances and laws governing Community Development.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE  
**To be completed by E&CD Staff Only**

Sheet No. \_\_\_\_\_ Land Lot \_\_\_\_\_ District \_\_\_\_\_ Section \_\_\_\_\_ Unit No. \_\_\_\_\_

Zoning \_\_\_\_\_ Zoning Case No. \_\_\_\_\_ Census Code \_\_\_\_\_ Penalty? Yes  No

Comments or Notes: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date \_\_\_\_\_