DEMOLITION PERMIT

City of Baldwin.
P.O. Box 247 – Baldwin, GA 30511
Ph 706-778-6341 fax706-7767970– www.cityofbaldwin.org

Applicant to complete numbered spaces only

1. √ **Only One** ☐ Complete Demo ☐ Partial Demo Only

Project Description_____

2. Job Address or location:

3. Owner	Address	Zip	Ph
		e-mail	
4. Contractor	Address	Zip	Ph
		e-mail	
5. Architect or Designer	Address	Zip	Ph
		e-mail	
6. Engineer	Address	Zip	Ph
		e-mail	

7. Use of Land: ☐ Commercial ☐ Industrial ☐ Residential ☐ Other √ **Only One** ☐ Septic ☐ Sewer

8. Building Type ☐ **Wood** ☐ **Brick/stone** ☐ **Block** ☐ **Metal** ☐ **Concrete** ☐ **Other**

ces

9. Pest abatement letter received: ☐ **YES** ☐ **NO If no, explain** _____

10. **SPECIAL CONDITIONS**: Set by City Council , Planning Dept or other.

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION 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 OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Contractor or authorized agent *Date*

Signature of Owner (If Owner/ Builder) *Date*

OFFICE USE ONLY

Permit issued by: Date:

Permit fee: ☐ Paid

Permit expires: ☐ Paid

Rezoning, Variance or CUP No.

Special Approvals	Required	Received	Not Required
City Engineer (RMA) City Engineer (Pond)	☐	☐	☐ ☐
Health Dept.	☐	☐	☐
Fire Dept.	☐	☐	☐
GaEPD (Asbestos)	☐	☐	☐
	☐	☐	☐

When properly validated (in this space) this is your permit #