□ Partial Demolition □ Complete Demolition □ Residential Structure □ Commercial Structure	**City of Baldwin** **186 Hwy 441 Bypass** **Baldwin, GA 30511**	**Demolition Permit Application**

Date: _____ / _____ / _____   **Permit No.** _____

JOB SITE ADDRESS:		Parcel #:
Type of Structure:	Square Footage to Demo/Total Square Footage	Cost of Demo:

Description of Work : _____

_____

Property Owner	Name:	Phone: Email:
	Address:	City: State/Zip:
Demolition Contractor	Name:	Phone: Email:
	Address:	City: State/Zip:

Where will debris be taken?		
Will there be any mitigation required for asbestos or mold?	Yes _____ No _____ If "yes", provide mitigation report with asbestos contractor licensing information (state license, local business license)	
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 _____	

Any building over one story in height or with asbestos/mold mitigation shall require a pre-demolition inspection and a post-demolition inspection. The pre-demolition inspection can be scheduled once the demolition permit has been issued by the Building and Planning Department.

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.

Signature of Applicant: _____   Date: _____

FOR OFFICE USE ONLY	Application Received By/Date:	
Construction Type:	Occupancy:	LDP Required: □ yes □ no

Administrative Fee:	Building Permit Fee:	Plan Review Fee:	CO Fee:	Total Fee:
$ _____	$ _____	$ _____	$ _____	$ _____