

**NEW PERMIT INTAKE HOURS:** Beginning 4/25/16 Applications will be accepted between 8:30 am – 4:30 pm. **NO EXCEPTIONS – Effective 7/1/16**

**Community Development  
Building & Permitting Development**  
38 Hill Street, Suite G-30  
Roswell, GA 30075  
770-641-3780  
770-594-6295 (Fax)  
[www.roswellgov.com](http://www.roswellgov.com)



Application No.: \_\_\_\_\_  
Taken In By: \_\_\_\_\_

DEMOLITION					
SITE/PROJECT INFORMATION	<b>Site Information:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential  <b>Demolition of:</b> <input type="checkbox"/> *entire structure <input type="checkbox"/> part of structure only <i>**All buildings / structures require a pre-inspection**</i>				
	Site Address _____ Subdivision _____ Lot # _____ <span style="float: right;">Fee: \$145.00</span>				
	Type of Structure: (wood, stucco, etc.) _____				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">No. of Units _____</td> <td style="width: 25%; padding: 2px;">No. of Stories _____</td> <td style="width: 25%; padding: 2px;">No. of Rooms _____</td> <td style="width: 25%; padding: 2px;">Total Square Footage _____</td> </tr> </table>	No. of Units _____	No. of Stories _____	No. of Rooms _____	Total Square Footage _____
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	<b>All utilities must be disconnected:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank <input type="checkbox"/> Electrical <input type="checkbox"/> Water				
	Proposed Date of Demolition: ____ / ____ / ____    Equipment used to demolish structure: _____				
	<p style="text-align: center;"><b>Will this project involve the removal or encapsulation of asbestos?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>If yes,</b> this permit may not be issued until you have presented this office with your <u>Asbestos Contracting License</u> and the <u>Notification of Asbestos Renovation, Encapsulation, or Demolition</u> from the <i>Georgia Department of Natural Resources, Asbestos Licensing and Certification Unit, Environmental Protection Division.</i></p>				
	<b>Asbestos Contracting License Number#</b> _____				
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OWNER	Property Owner's Name _____ Phone # _____				
	Owner's Mailing Address _____ City _____ State _____ Zip Code _____				
CONTRACTOR	Business Name _____ Agent _____				
	Business Mailing Address _____ City _____ State _____ Zip Code _____				
	Occupation Tax License No. _____ State Certification # _____ Phone # _____ Cell phone # _____				
<p><i>I hereby certify that the information provided above is true and accurate. All demolition work is to be performed in accordance with Georgia EPD and all applicable zoning ordinances and laws governing Community Development for the City of Roswell.</i></p>					
Applicant's Signature _____ Date _____					