

City of Maysville
4 Homer Street
Maysville GA 30558

**Demolition
Permit
Application**

Date: ____ / ____ / ____

Permit No. _____

JOB SITE ADDRESS:

Type of Structure:

Zoning District:
Map & Parcel:

Description of Work : _____

Property Owner	Name:	Phone:
	Address:	Email:
Demolition Contractor	Name:	Phone:
	Occupational Tax #:	Email:
	Address:	State: Zip:

Where will debris be taken?

Will there be any mitigation required for asbestos or mold? Yes _____ No _____
If "yes", provide mitigation report.

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 _____

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

Code Official Signature:

Construction Type: _____ Occupancy: _____ LDP Required: yes no

	Sq. Footage	Valuation Multiplier	Valuation \$	
Heated				
Unheated				
TOTAL				

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