



City of Statham
327 Jefferson Street
Statham, GA 30666

**Demolition
 Permit
 Application**

Date: ____ / ____ / ____

Permit No. _____

JOB SITE ADDRESS:

Type of Structure:

Zoning District:
 Map & Parcel:

**Property
 Owner**

Name: _____ Phone: _____
 Email: _____
 Address: _____ State: _____
 Zip: _____

**Demolition
 Contractor**

Name: _____ Phone: _____
 Occupational Tax #: _____ Email: _____
 Address: _____ State: _____
 Zip: _____

**Mitigation
 Contractor**

Name: _____ Phone: _____
 Occupational Tax #: _____ Email: _____
 Address: _____ State: _____
 Zip: _____

Where will debris be taken?

Mitigation report provided for asbestos or mold testing? Yes _____ No _____
 (REQUIRED)

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: \$ _____
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