



PLANNING & DEVELOPMENT DEPARTMENT
535 TELFAIR STREET, SUITE 300 AUGUSTA, GA 30901
PHONE: 706.312.5050 FAX: 706.312.4277

DEMOLITION APPLICATION

RESIDENTIAL OR COMMERCIAL

HOMEOWNER / PROJECT NAME _____

STREET ADDRESS _____ ZIP CODE _____

DEMOLITION CONTRACTOR _____ PHONE _____

GC EMAIL _____ DESIGN PROFESSIONAL EMAIL _____

JOB DESCRIPTION: _____ JOB COST \$ _____

START DATE: _____ END DATE: _____

DEMOLITION: (YES) _____ ***PLEASE COMPLETE ENTIRE FORM*** (NO) _____

Demolition work having commenced shall be pursued diligently and without unreasonable interruption with due regard to safety. **Residential demolition shall be completed within forty-five days of start date.** Demolition and / or renovation materials are to be properly handled and disposed of in a licensed / permitted solid waste facility.

The contractor is responsible for having all utilities disconnected, secured, and plugged.

LICENSED DISPOSAL SITE: _____

The contractor in accordance with the EPD regulations is responsible for determining if Asbestos Containing Materials (ACM) is involved in the project, this is to be performed by an accredited asbestos inspector and must be abated by a Georgia Accredited Abatement Contractor.

Under no circumstances shall Asbestos or other hazardous waste removal be undertaken by a noncertified contractor. Contractor is responsible for submitting project notification and project fees to Georgia EPD (paperwork attached).

ASBESTOS INSPECTOR: _____

ABATEMENT CONTRACTOR: _____

I, _____ (contractor), will comply with all rules and regulations pertaining to demolition and / or renovation projects concerning asbestos containing materials, and disposal requirements.

APPLICANT SIGNATURE: _____ DATE: _____

**DEMOLITION CONTRACTOR'S EMAIL ADDRESS: _____ **