

Town of Carl 1690 Carl Bethlehem Road Auburn, GA 30011 inspectionsga@bureauveritas.com				Demolition Permit Application	
Permit No. _____				Expiration Date: ____ / ____ / ____	
JOB SITE ADDRESS:					
Type of Structure:				Zoning District: Map & Parcel:	
Description of Work : _____ _____					
Property Owner	Name:			Phone: Email:	
	Address:			State: Zip:	
Demolition Contractor	Name:			Phone: Email:	
	Occupational Tax #:				
	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: <input type="checkbox"/> yes <input type="checkbox"/> no
	Sq. Footage	Valuation Multiplier	Valuation \$		
Heated					
Unheated					
TOTAL					
Administrative Fee: \$ _____	Building Permit Fee: \$ _____	Plan Review Fee: \$ _____	CO Fee: \$ _____	Total Fee: \$ _____	