



**Butts County Community Development Department**  
**625 West Third Street – Suite 3**  
**Jackson, Georgia 30233**  
**Tel. # (770) 775-8200**

## DEMOLITION PERMIT APPLICATION



**DEMOLITION PERMIT POLICY AND APPLICATION SUBMITTAL REQUIREMENTS**

Any property owner or authorized agent, who intends to demolish a building, must submit the following:

1. Completed and approved "Asbestos/Lead Base Paint Testing Removal Demolition Application".
2. Completed Demolition Permit Application
3. Demolition Plan - Submission of a written plan describing method of demolition process and demolition schedule.
4. Pest Control Letter - Outlining how rodents, insects and pests will be addressed and abated

Demolition permits are valid for one hundred eighty (180) days and are not renewable. The demolition contractor is responsible for ensuring that all required inspections and safety measures are initiated and completed prior to the commencement of demolition work. Demolition Permits are issued for the purpose of demolition or removal only and shall not be used for the purpose of new construction except bracing, shoring, or temporary support for the building or structure, which is being demolished or removed.

**Please Note:**

Permit # \_\_\_\_\_ Parcel # \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_ Amount

**Residential:**  Home  Condo  Townhome  Accessory Structure  Addition  Fire Damage  Flood

**Commercial:**  Fire Damage  Water Damage

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Property Owner's Name \_\_\_\_\_ Tel. # \_\_\_\_\_

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Contractor's Company Name \_\_\_\_\_ Contractor's Name \_\_\_\_\_

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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State License # \_\_\_\_\_ Business License # \_\_\_\_\_

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Total Sq. Footage \_\_\_\_\_ Height \_\_\_\_\_ # of Baths \_\_\_\_\_ Accessory Sq. Ft \_\_\_\_\_

\_\_\_\_\_  
Name of Inspection Testing Company Telephone #

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Name of Abatement / Removal Company Telephone #

\_\_\_\_\_  
Mailing Address City State Zip Code

X \_\_\_\_\_  
Contractors' Signature Date

<b>Office Use Only</b>		
<b>Items Submitted</b>	<b>Yes</b>	<b>No</b>
Asbestos/Lead Base Paint Testing Removal Demolition Application		
Completed Demolition Permit Application		
Demolition Plan		
Pest Control Letter		

**Notes:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
Building Inspector's Signature Date