Permit Application

Submission Version/Date

1st_________ 2nd_________ 3rd_________ Permit#______________________________

Project Address _____________________________________________________________________________

Project/Subdivision Name (If applicable)______________________________________________________

Type of Review (check all that apply)   ___Revision (to an existing permit)   ___Grading
___Residential Building                   ___ Commercial Building                  ___ Interior Finish only
___Concept Plan/Preliminary Plat         ___LDP                                ___Minor/Final Plat
___Fence/Wall                             ___Swimming Pool                     ___Demolition

**Required checklist for each Permit type can be found on our website**

Flood plain property?   _Yes__ No       Deerfield FBC?   _Yes__ No       Crabapple FBC?   _Yes__ No
Rural Milton Overlay?  _Yes__ No       Birmingham Crossroads Overlay __Yes__ No

Project/revision description
________________________________________________________________
_____________________________________________________________________________________________

Project value $________________       Total Acreage ___________________       Disturbed Area __________

Property owner: __________________________________________
Phone________________________________E-mail________________________________
Address: _________________________________________________
City/State/ZIP_____________________________________________

Contractor_______________________________________________                                 ____ Check if TBD
Phone ________________________Cell_______________________
Address: _____________________________E-mail________________________________
City/State/ZIP_____________________________________________

Applicant/Permitee_______________________________________
Phone_______________ Email________________________________
Address__________________________________________________
City/state/ZIP_____________________________________________

Review comments should be forwarded to email: _____________________________________________

I hereby certify that I have examined this form and that the information shown hereon is true and correct to the best of my knowledge. I am the owner or acting as the authorized owner's agent and will keep the owner informed of the status of this project. Applicable laws and ordinances governing this project shall prevail whether specifically provided in the plan submission or not.

Applicant signature______________________________________      Date___________________________

Distribution: ___Planning/Zoning   ___ Building  ___Fire   ___Arborist   ___Site   ___Transportation
**DEMOLITION PERMIT APPLICATION**

**ALL PERMITS ARE REQUIRED TO GO BEFORE THE DESIGN REVIEW BOARD PRIOR TO ISSUANCE OF A PERMIT.**

<table>
<thead>
<tr>
<th>Permit Number: ___________________</th>
<th>Cost of Demolition: ________________</th>
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**Site Information:**
- ☐ Residential
- ☐ Non-Residential

**Demolition of:**
- ☐ *Entire Structure*
- ☐ Part of Structure
- ☐ Interior Only
  
  *Any building over one story in height shall require a pre-inspection and post inspection.*

**Site Address:** ____________________________________________________________

**Subdivision:** _____________________ Block _____ Lot _____ Parcel ID _____________

**Type of Structure (wood, stucco, etc.)** ____________________________________________

**No. of Units_____ No. of Stories _____ No. of Rooms _____ Total Square Footage:** ______

**All utilities must be disconnected:** _____ Gas _____ Sewer _____ Septic Tank _____ Electrical _____ Water

**Proposed Date of Demolition:** _________________ **Equipment used to demolish structure:**

________________

**I understand that I must schedule a site visit with the city arborist prior to demolition.**

________________

**I understand that I must call for a post inspection and must provide inspector with a copy of the landfill tickets (receipts).**

________________

**Will this project involve the removal of encapsulation of asbestos?**

[ ] Yes   [ ] No

If **yes**, this permit may not be issued until you have presented this office with your **Asbestos Contracting License** and the **Notification of Asbestos Renovation, Encapsulation**, or Demolition from the Georgia Department of Natural Resources, asbestos Licensing and Certification Unit, Environmental Protection Division.
Asbestos Contracting License Number: ___________________________________________________

For a list of common questions on Asbestos go to: http://www.epa.gov
For additional information about GA requirements: http://www.gaepd.org

I UNDERSTAND ALL DEMOLITIONS MUST BE APPROVED BY THE DESIGN REVIEW BOARD (DRB) PRIOR TO PERMIT ISSUANCE. _________(please initial)

Please contact Angela Rambeau regarding the Design Review Board (DRB) at: 678-242-2539

OWNER INFORMATION

Owner Name (Please Print): __________________________________________ Phone: _____________________

Owner Mailing Address: __________________________________________________________________
________________________________________________________________

CONTRACTOR INFORMATION

Business Name: ____________________________________ Agent: _____________________________

Business Mailing Address: _______________________________________________________________
________________________________________________________________

Occupation Tax License No: ___________________ State Certification No: ______________________

Phone Number: ________________________________ Cell Phone Number: ______________________

I hereby certify that the information provided above is true and accurate. All demolition work is to be performed in accordance with Georgia EPD and all applicable zoning ordinances and laws governing Community Development for the City of Milton.

Applicant’s Signature: __________________________________________ Date: __________

Total Permit Fee: $________ Date Issued: _________ Issued By: ___________________