

City of Lake City
5455 Jonesboro Road
Lake City, GA 30260
(404)-366-8080

Demolition Permit (\$50.00)

Date: _____

Permit #: _____

Address of Demolition Project: _____

Description of Project: _____

Is there Asbestos in the structure YES NO

If yes, provide information of authorized company conducting the Asbestos removal:

Name: _____

Address: _____ Phone: _____

Utility Cut-Off:

Electricity: YES NO Date or Projected Date of Cut-Off: _____

Water: YES NO Date or Projected Date of Cut-Off: _____

Natural Gas: YES NO Date or Projected Date of Cut-Off: _____

Contractor Conducting Demolition: _____

Address: _____ Phone: _____

Applicant, if Different than Contractor: _____

Address: _____ Phone: _____

Property Owner, if not listed above: _____

Address: _____ Phone: _____

Estimated Date of Project Start: _____

Estimated Date Project Completion: _____

By signing below, you are indicating that all the information provided on this application is true and accurate, to the best of your knowledge. You are guaranteeing that all precautions and adherence to regulations will be taken on this project, in accordance with federal law, state law and local ordinances. You also are indicating full understanding that you, the property owner and/or the contractors are responsible for the proper removal and disposal of any and all material associated with this project. Failure to comply with anything stated above could result in federal, state and/or local charges.

Signature of Applicant