

# DEMOLITION PERMIT APPLICATION

✧ Application must be completed in **ink**. If submitting plans, please provide **two** copies. ✧

✧ Contact Development Services at (912)651-6510 for assistance. ✧

✧ Submit your Demolition Permit Application via fax (912)651-6543 or in person at 5515 Abercorn Street (31405). ✧

## Demolition Project

Site Address: \_\_\_\_\_ PIN: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Owner's Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Phone: \_\_\_\_\_ **Valuation of Job** (Include Labor, Materials, Profit): \$ \_\_\_\_\_

## Description of Work

**Complete Description of Work:** \_\_\_\_\_  
 \_\_\_\_\_

## Structure Type

<input type="checkbox"/> <b>Residential</b>		<input type="checkbox"/> <b>Commercial</b>	
<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family / Duplex		<input type="checkbox"/> Multi-Family (3 or more units) <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Other _____	
<input type="checkbox"/> Full Demolition of Structure		<input type="checkbox"/> Partial Demolition of Structure	
<input type="checkbox"/> Primary Structure		<input type="checkbox"/> Accessory Structure – Attached <input type="checkbox"/> Accessory Structure – Detached	
<input type="checkbox"/> Demo-Interior <input type="checkbox"/> Demo-To-Slab <input type="checkbox"/> Demo-Total		# of Stories: _____    Square Footage: _____	
Is Demolition due to fire? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Demolition ordered by the City of Savannah? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Contractor

Company: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Licensed Plumber

*(Note: See below requirements for sewer and cap of the existing sewer lateral.)*

Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_



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## Requirements

**\*\*\* The following items must be completed before a demolition permit can be issued. \*\*\***

- Sewer Lateral Sever & Cap at property line:** For full demolition of a structure, a Georgia licensed plumber must cap the sewer lateral. The plumber must sever the lateral and then call for an inspection from Development Services at (912) 651-6530. To coordinate the collection of the water meter, the plumber is required to contact the Water Department at (912) 651-6593.
- Park & Tree Dept.:** The contractor must contact the Park and Tree Department at (912) 651-6610 to review tree protection procedures.
- Rodent Certification:** Obtain a certification from a licensed exterminator indicating rodent extermination services have been initiated at least two weeks prior to the planned demolition.
- EPD:** Written notification to the Georgia Environmental Protection Division (EPD) 10 days prior to demolition.
- Permit Fee must be paid: \$40 per floor for each structure removed or \$8 per \$1,000 of contract value, whichever is greater.

**Note: For commercial demolition, a site development permit may be required.**

## Applicant Certification

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State law and local ordinances. Further, I understand that any permit issued based upon false information or misrepresentation provided by the applicant will be null and void and subject to penalty as provided by law and ordinance.

\_\_\_\_\_  
**Printed Name of Applicant (Not Company Name)**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

Zoning District: \_\_\_\_\_  
 COA Approved : \_\_\_\_\_  
 Zoning Use: \_\_\_\_\_

**Permit Fees:** Total Permit: \$\_\_\_\_\_ Due: \$\_\_\_\_\_ Paid: \$\_\_\_\_\_ Chk/MO#: \_\_\_\_\_  
 Rem. Bal.: \$\_\_\_\_\_ Rem. Paid: \$\_\_\_\_\_ Chk/MO#: \_\_\_\_\_

Plans Reviewed by: Flood: \_\_\_\_\_ Zoning: \_\_\_\_\_ Building: \_\_\_\_\_ Life Safety: \_\_\_\_\_ Elect: \_\_\_\_\_ Plumb: \_\_\_\_\_ Mech: \_\_\_\_\_