

CITY OF ATHENS
BUILDING DEPARTMENT
DEMOLITION PERMIT APPLICATION

CONTRACTOR: _____
JOB CONTACT: _____
ADDRESS: _____
PHONE: _____

DATE: _____
STATE LICENSE NO: _____
EXPIRATION DATE: _____

PROJECT LOCATION: _____

RESIDENTIAL: []

COMMERCIAL: []

PROPERTY OWNER: _____
ADDRESS: _____
PHONE: _____

PROJECT VALUE: _____

DESCRIBE SCOPE OF WORK: _____

**NOTE: ALL DEMLITION AND CLEARING OF CONDEMNED STRUCTURES
SPECIFICATIONS THAT APPLY MUST BE MET.**