



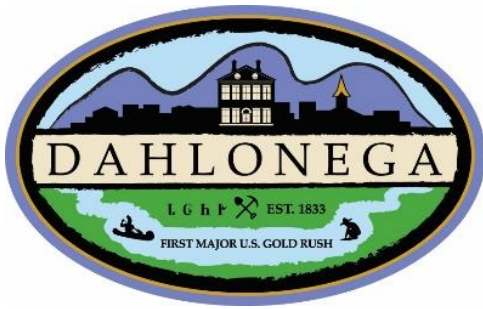
CITY OF DAHLONEGA  
465 Riley Road  
Dahlonega, Georgia 30533  
Phone: 706-482-2706 Fax: 706-864-4837

**BUILDING DEMOLITION PERMIT  
Application Checklist / Instructions**

Job Address: \_\_\_\_\_ Date: \_\_\_\_\_

- ( ) **Completed checklist and application form.** Must be signed by property owner or provide a signed letter from the property owner authorizing a permit to be obtained by agent/contractor.
- ( ) **For Building Demo/Land Disturbance:** A current **survey or site plan** indicating scope of work, building(s), utility locations, existing vegetation/trees, erosion control devices, tree-save fencing, construction entrance, equipment staging area, haul route, property lines, adjoining properties, dumpster and portable toilet location, temporary or permanent vegetation schedule and any other site elements deemed necessary by the City, Review and approval of the City Planner/Engineer is required in most cases. For sites over one acres, N.O.I. and NPDES procedures may be required prior to demo. Development Director will determine extent of documentation needed.
- ( ) **For Interior Demo.** A **floor plan** to scale with scope of work to be done including structural, mechanical, electrical and plumbing to be demolished and any hazardous material removal.
- ( ) **Verification that site or building is free of rats/vermin/pests.**  
Provide written documentation of inspection for existence and elimination of rats/vermin.
- ( ) **Verification that all utilities are cut off and capped at the street** *(for building demo)*.  
Utilities to be located on site prior to demo. Provide letters from the utility companies or a signed letter from the demolition contractor taking responsibility for securing the cut-offs prior to demolition.
- ( ) **Provide inspection report and plan for abatement (10-day Notice) of any hazardous materials.**  
Removal of asbestos, toxic wastes, contaminants, etc. must be in compliance with all City, County, State and Federal requirements/guidelines.
- ( ) **Completed Tree Removal Permit** *(if needed)* - **review and approval of the City Planner required.**  
Provide tree survey, calculations and replacement plan for removal of any trees in compliance with requirements of the City's Tree Preservation Ordinance and Administrative Guidelines.
- ( ) **Provide current business license and proof of liability insurance for demolition contractor.**  
All debris, trash, litter, rubbish, rubble and foundation exposed above the ground level shall be removed from the premises. Any excavation or other depression must be filled to existing grade with clean dirt containing no more than 25 percent stone or masonry and all filled areas must be adequately sloped and drained. Soil erosion and sedimentation control measures must conform to all City, County and State requirements. Erosion control devices and tree save fencing must be installed prior to and maintained during, all land- disturbing activities.

**An on-site meeting with the Site Inspector and Erosion Control Inspector must be scheduled prior to beginning a building demolition.**



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## BUILDING DEMOLITION PERMIT APPLICATION

Address: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Residential                   | <input type="checkbox"/> Non-Residential               |
| <input type="checkbox"/> Single Family House, complete | <input type="checkbox"/> Building(s), complete # _____ |
| <input type="checkbox"/> Accessory Structure           | <input type="checkbox"/> Building, partial             |
| <input type="checkbox"/> Swimming Pool                 | <input type="checkbox"/> Interior, complete            |
| <input type="checkbox"/> Interior Only                 | <input type="checkbox"/> Interior, partial             |

For Office Use Only Permit No. _____
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Is any land disturbing activity involved?  Yes  No  Grading  Tree Removal  
*(Land Disturbance Permit may be required)*

\_\_\_\_\_  
 Name of Project/Business

\_\_\_\_\_  
 Owner of Record (Company/ Individual)

Mailing Address	Suite/Apt. #	City	State	Zip Code
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Parcel ID	Tenant Space (Sq. Ft.)	Building (Sq. Ft.)	Height (Ft.)
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\_\_\_\_\_  
 Demolition Contractor *(provide copy of Business License & Liability Insurance)*

Mailing Address	Suite/Apt. #	City	State	Zip Code
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Phone	Cell Phone	E-Mail
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\_\_\_\_\_  
 Applicant Name

Mailing Address	Suite/Apt. #	City	State	Zip Code
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Phone	Cell Phone	E-Mail
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*I hereby certify that all information provided herein is true and correct.*

\_\_\_\_\_  
 Applicant Signature: Property Owner's Representative

Date: \_\_\_\_\_

*(Attach written approval of property owner and required plans)*