

**CITY OF BLOOMINGDALE
P.O. BOX 216
BLOOMINGDALE, GA 31302
912-748-0970**

DEMOLITION PERMIT APPLICATION

P.I.N.: 8 - _____ - _____ - _____

Project Address: _____

Owner Name: _____ Phone (_____) _____ - _____

Owner address: _____

City: _____ State: _____ Zip: _____

General Contractor Company: _____

Name: _____

Address: _____

Telephone No. (_____) _____ - _____ Fax No. (_____) _____ - _____

What will be demolished? _____

Commercial Residential

Water Provider: City County Private Utility Community Well Private Well

Sewer: City Septic

Who will be responsible for calling in inspection? Owner Contractor

Name: _____ Contact No: (_____) _____ - _____

Alternate No: (_____) _____ - _____

It is understood and agreed by the undersigned owner or agent that the approval of this application does not constitute a privilege to violate the building codes, zoning ordinance, or other ordinances of The City of Bloomingdale. The owner is listed above will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The owner will be held legally liable for any violations which may occur with or without his or her knowledge. **Undersigned has received the information regarding Asbestos abatement and EPD requirements.**

Owner/Agent _____ Date _____