



Building and Permitting
 1975 Lakeside Parkway
 Suite 350
 Tucker, GA 30084
 Phone: 678-597-9040 Email:
 permits@tuckerga.gov
 Website: www.tuckerga.gov

FOR OFFICE USE ONLY - PERMIT #:

Residential Demolition Permit Application

PROJECT INFORMATION

Project Address:						Zip:
Scope of Work:						
Primary Occupancy Type: <input type="checkbox"/> R3 <input type="checkbox"/> Other			Type of Construction: <input type="checkbox"/> VB <input type="checkbox"/> Other			
Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Renovation <input type="checkbox"/> Other					Cost of Demolition: \$	
Total Square Footage (Include only areas pertaining to this scope of work. This should be a combined total of all of the items below):						
Finished Floor Area		Unfinished Area		Garage		Outdoor Areas
Primary Structure _____		Attic _____		*Detached garages require separate permit		Deck _____
Finished Basement _____		Basement _____				Porch _____
Patio _____	Building Height _____	# Total Rooms _____	# Bathrooms _____	# Kitchens _____	# Bedrooms _____	Sanitary Facilities <input type="checkbox"/> Septic <input type="checkbox"/> Sewer
Setbacks:			Impervious Area		Lot Size: _____	
Front _____ Rear _____ Left _____ Right _____			(Square Feet) _____		Easement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> No asbestos found – <i>attach survey by a Georgia licensed asbestos inspector and inspector's license</i> <input type="checkbox"/> Asbestos Remediated – <i>attach EPD Certificate of Completion</i> <input type="checkbox"/> No rodent infestation – <i>attach letter from a licensed pest control company dated within last 30 days</i> <input type="checkbox"/> Original threshold elevation: _____ ft as measured and certified by a licensed surveyor or engineer – <i>attach certification</i>						

PROPERTY OWNER INFORMATION

Name:	
Address:	Zip:
Phone:	Email:

APPLICANT INFORMATION

Applicant: <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant Leasing Space <input type="checkbox"/> Contractor <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Architect/Engineer	
Name:	Company Name:
Address:	Zip:
Phone:	Email:

CONTRACTOR INFORMATION

Name:	Signature:	
Company Name:		
Address:	Zip:	
Phone:	Email:	
Business Lic. #:	State Lic. #:	Company State Lic. #:

****Note:** Only the Property Owner, Architect, Engineer, or General Contractor should sign this application.

EXCEPTION: An Authorized Agent may also sign, when an Authorized Permit Agent Form is completed on behalf of a State of Georgia licensed contractor. Before signing, please carefully read the statements below.

I do solemnly swear that the information on this application is true, and that no false or misleading statement is submitted herein to obtain a Building Permit or Certificate of Occupancy. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of any Building Permit or Certificate of Occupancy issued as a result of this application. I understand that I must comply with all City ordinances and regulations. I hereby agree to provide any clearance(s) and/or inspection report(s) required prior to the issuance of a Building Permit or Certificate of Occupancy.

I agree to exonerate, indemnify and save harmless the City from and against all claims or actions, and all expenses incidental to the defense of any such claims, litigation, and actions, based upon or arising out of damage or injury (including death) to persons or property caused by or sustained in connection with any work performed under the Building Permit issued as a result of this application.

Name:

Signature:

Date: