UPSON COUNTY BUILDING & ZONING DEPARTMENT
106 E. Lee Street Suite 210
THOMASTON, GA. 30286
(706) 647-1297
garagon@upsoncountyga.org

UPSON COUNTY DEMO PERMIT APPLICATION

Demolition of: [ ] entire structure [ ] part of structure only [ ] interior only

Jobsite Address_____ Cost of Demolition: $_____

Type of Structure: (wood, stucco, etc.) _____ Map#_____ Parcel#_____ Zoning District _____

No. of Units_____ No. of Stories_____ No. of Rooms _____ Total Square Footage _____

Which utilities will be disconnected: Gas [ ] Sewer [ ] Septic Tank [ ] Electrical [ ] Water/Well [ ]

Proposed Date of Demolition: _____ Equipment used to demolish structure: _____

Will this project involve the removal of lead paint? Yes [ ] No [ ]

Will this project involve the removal or encapsulation of asbestos? Yes [ ] No [ ] If yes, this permit may not be issued until you have presented this office with your Asbestos Contracting License and the Notification of Asbestos Renovation, Encapsulation, or Demolition from the Georgia Department of Natural Resources, Asbestos Licensing and Certification Unit, Environmental Protection Division. Asbestos Contracting License Number #_____

Owner's Name(s): _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Contractors Name(s): _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation Tax Certificate #: _____ E-mail Address: _____

Applicant's Certification

I hereby certify that the site described herein will be constructed and/or used in accordance with all zoning ordinances and with all applicable regulations.

Applicant's Signature _____ Date _____

County Official or Authorized Representative: _____ Date _____

PHOTOS RECEIVED? YES_____NO_____ VALUE OF PROPERTY$_____ PERMIT FEE $_____

PERMIT NUMBER_____ ISSUE DATE_____