# Application for DEMOLITION permit

**McIntosh County Building & Zoning**
912-437-6603
**P.O. Box 2694**
100 Madison Street
**Darien, GA 31305**

Date: _____ Map & Parcel # _____

**Homeowner:**
Name: _____

Telephone #: _____Email: _____

Address of Property to be Demolished: _____

_____

**Contractor:**
Name: _____

Address: _____

_____

Telephone #: _____

License #: _____

**Job Description:** _____

_____

_____

**A copy of current tax receipt must be attached.**

***Total due: $50.00***

_____ **PERMIT#** _____
Applicant's Signature **(Office Use Only)**

DEM-Rev. 3.20.2026