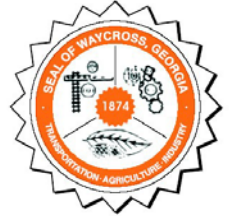


DEMOLITION PERMIT APPLICATION

CITY OF WAYCROSS, GEORGIA
Department of Community Improvement
(912) 287-2944, Office / (912) 287-2948, Facsimile
www.waycrossga.com



INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA (Note: An incomplete application may delay the approval process.)

JOB ADDRESS: _____ [] RESIDENCE [] COMMERCIAL

BLOCK: _____ LOT: _____ TAX MAP #: _____

PROPERTY OWNER: _____ ADDRESS: _____ PHONE: _____

APPLICANT: _____ CONTACT #: _____

COMPANY NAME: _____

- ___ The applicant is the legal OWNER of said PROPERTY and the IMPROVEMENTS therein.
- ___ The applicant is NOT the legal owner of said property nor the improvements.
- ___ The applicant is the legal OWNER of only the IMPROVEMENTS to be demolished.
- ___ The applicant has a legal CONTRACT with the OWNER or other responsible party to remove these improvements.
- ___ The applicant has a CONTRACT with the CITY OF WAYCROSS to remove the improvements from this property.

APPLICANT IS RESPONSIBLE FOR NOTIFYING UTILITY PROVIDERS, AND VERIFYING THAT ALL UTILITIES ARE REMOVED FROM BUILDING PRIOR TO DEMOLITION. THE FOLLOWING NUMBERS ARE PROVIDED FOR YOUR CONVENIENCE.

COMPANY NAME	TELEPHONE	SCHEDULED DATE OF DISCONNECT
Atlanta Gas Light	912-338-8760	
Georgia Power	912-287-5469	
Water Plant	912-287-2940	
BellSouth	912-283-9080	
Waycross Cable	912-283-2332	
Engineering *	912-287-2945	-----

* Commercial property or residence with one acre of land or more.

UPON PAYMENT OF ALL FEES, THIS APPLICATION BECOMES PART OF THE ACTUAL PERMIT. THE PERMIT BECOMES NULL AND VOID IF THE AUTHORIZED WORK IS NOT COMMENCED AND COMPLETED WITHIN 30 DAYS. UPON APPROVAL OF THIS PERMIT, I DO HEREBY AGREE TO COMPLY WITH THE REQUIREMENTS OF THE CODES, ORDINANCES, AND POLICIES AS SET FORTH BY THE CITY OF WAYCROSS, FOR THE REMOVAL AND DISPOSAL OF THE BUILDINGS, STRUCTURES, AND THE RELATED RUBBISH AND DEBRIS. I UNDERSTAND THAT NO BURNING IS ALLOWED. DEBRIS AND HAZARDOUS MATERIALS SHALL BE DISPOSED OF AT A LEGALLY OPERATIONAL LANDFILL. I AGREE TO LEAVE THE PREMISES IN A RAKED-CLEAN CONDITION UPON COMPLETION.

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

SCHEDULED START DATE OF DEMOLITION: _____ (To be determined by the City)

FOR OFFICE USE ONLY

Accepted By: _____ Date: _____ Approved By: _____ Date: _____

Issued By: _____ Date: _____ Permit Fee: \$ 25.00 Permit #: _____

AFTER COMPLETION, MAKE ONE COPY FOR THE APPLICANT, AND A YELLOW COPY FOR THE TAX ASSESSOR. ORIGINAL STAYS IN FILE.