



• City of Union City
• 5047 Union Street
• Union City, GA 30291
• Phone (770) 964-2288
• Fax (770) 306-6861

Demolition Permit Application

Date: _____ **Permit#:** _____

Parcel #: _____ **Date Permit Issued:** _____

APPLICATION IS HEREBY MADE ACCORDING TO THE LAWS AND ORDINANCES OF THE CITY OF UNION CITY. FOR A PERMIT TO DEMOLISH A STRUCTURE AS DESCRIBED HEREIN AND IF SAME IS GRANTED, AGREE TO CONFORM TO ALL LAWS AND ORDINANCES REGULATING SAME. PERMITS EXPIRE ONE YEAR FROM ISSUANCE.

Property Owner: _____

Location Address: _____

Subdivision: _____ **Lot#:** _____ **Zoning:** _____

General Contractor: _____

Address: _____

Phone#: _____ **Cell#:** _____

Estimated Cost of Demolition: \$ _____

Detail of Work: _____

Check that the following items are provided:

Georgia Project Notification Form for Asbestos Renovation, Encapsulation or Demolition

Certification that structure is rodent free

Permit Fee: \$ _____

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. THE GRANTING OF A DEMOLITION PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF RELATED REQUIREMENTS.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 3 MONTHS AT ANY TIME AFTER WORK IS STARTED.

CONTRACTOR/ OWNER SIGNATURE: _____ **DATE:** _____