City of Lexington PO Box 35 Lexington, GA 30648	**Demolition Permit Application**

Date: _____ /_____ /_____ **Permit No. _____**

JOB SITE ADDRESS:

Type of Structure:		Zoning District: Map & Parcel:
Property Owner	Name:	Phone: Email:
	Address:	State: Zip:
Demolition Contractor	Name: Occupational Tax #:	Phone: Email:
	Address:	State: Zip:
Mitigation Contractor	Name: Occupational Tax #:	Phone: Email:
	Address:	State: Zip:

Where will debris be taken?

Mitigation report provided for asbestos or mold testing?	Yes _____ (REQUIRED)	No _____
Are there any other structures on the property?	Yes _____	No _____
Is the project site or the area of proposed land disturbing activity with 200 feet of State waters?	Yes _____	No _____

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all work will comply with City Ordinances and regulations.

Signature of Applicant : _____	Date: _____

FOR OFFICE USE ONLY		Code Official Signature:		
Construction Type:		Occupancy:		LDP Required: □ yes □ no
	Sq. Footage	Valuation Multiplier	Valuation $	
Heated				
Unheated				
TOTAL				

Administrative Fee:	Building Permit Fee:	Plan Review Fee:	CO Fee:	Total Fee:
$ _____	$ _____	$ _____	$ _____	$ _____