



CODE DEPARTMENT DEMOLITION PERMIT APPLICATION

Phone: 770-207-4674 Email: permits@monroega.gov

OFFICE PERMITTING HOURS: 8:00 a.m. – 4:00 p.m.

Project Address: _____

Type of Structure: Residential ☐ Commercial ☐

Is the project located in a Historic District? Yes ☐ No ☐

*Properties located in a **Historic District require prior approval** from the Historic Preservation Commission (HPC). Provide a copy of the letter approving the demolition from the HPC with this permit application.*

24 Hour Contact Name: _____

Phone – Office: _____ Cell: _____

Email: _____

General Contractor Name: _____

Contractor Address: _____

City: _____ State: _____ Zip Code: _____

Phone – Office: _____ Cell: _____

Property Owner: _____

Total square footage: _____ **Value of Project:** \$ _____

Please Note for Commercial & Residential Demolition Applications:

- All applications must include a written letter from the property owner requesting disconnection of all utilities for the purpose of demolition
- Provide proof of ownership
- If the owner **does not have a utility account** at the property address, a service application agreement must be included as part of the demolition application.
- It is the responsibility of the General Contractor to cap the sewer.

APPLICANT, PLEASE READ AND SIGN THE FOLLOWING:

Applicant must hold a valid business license for the type of construction to be permitted. Please include a copy of the state issued blue card for soil erosion control.

As the contractor, builder or authorized agent, I hereby apply for a permit to demolish structure as described herein. If the permit is granted, I shall raze it according to the laws of the City of Monroe. I also understand that the structure authorized by the permit shall have all power, sewer, gas and water disconnected and capped.

I hereby certify that the above information is true and correct.

Signature of Applicant _____ Print Name _____ Date _____

215 N Broad Street • PO Box 725 • Monroe GA
30655 770-207-4674 • permits@monroega.gov