

City of Washington, Georgia Demolition Permit

Return To: Permit Clerk
Washington City Hall
102 East Liberty Street / PO Box 9
Washington GA 30673

Location Number and Street Name: _____

Date: _____ Expires: _____ Permit #: _____ Map & Parcel: _____

Owner Name: _____ Phone: _____ Cell: _____

Mailing Address: _____

Contractor Name /Address: _____

License #: _____ Telephone #: _____ Cell: _____ Zoning: _____

Current Year's Taxes Paid: Yes ___ No ___ (Attach Copy of Paid Receipt)

Put in Conspicuous Place On Job Site

Type of Inspection

- | | |
|--------------------|----------------------|
| 1. ___ Dwelling | 4. ___ Addition |
| 2. ___ Commercial | 5. ___ Re-Inspection |
| 3. ___ Mobile Home | 6. ___ Miscellaneous |

Approved: _____ Denied: _____

Remarks: _____

Signature of Owner/Representative _____ Date: _____

Signature of Inspector: _____ Date: _____

Permit Fee: \$50.00

I, _____ will be responsible for contacting all utilities services for disconnection and for the removal of all trash, rubble, and litter from the premises; also any holes, wells, excavation, and any ground depressions that will hold water, will be filled in a safe and sanitary manner.