



WARE COUNTY PLANNING & CODE DEPARTMENT
902 GROVE AVENUE, WAYCROSS, GA 31501
Telephone: (912) 287-4379 Fax: (912) 287-2467



WARE COUNTY DEMOLITION PERMIT APPLICATION
SECTION A

I, _____ WISH TO OBTAIN A DEMOLITION PERMIT TO REMOVE THE BUILDING (S) **AND/OR** STRUCTURE (S) LOCATED AT _____. UPON APPROVAL OF THE PERMIT, I DO HEREBY AGREE TO COMPLY WITH THE REQUIREMENTS OF THE CODES, ORDINANCES AND POLICIES AS SET FORTH BY WARE COUNTY, FOR THE REMOVAL AND DISPOSAL OF THE BUILDINGS, STRUCTURES, AND THE RELATED RUBBISH AND DEBRIS. I AGREE TO LEAVE THE PREMISES IN A RAKED-CLEANED CONDITION UPON COMPLETION.

Check all that apply:

- _____ I AM THE LEGAL OWNER OF SAID PROPERTY AND THE IMPROVEMENTS THEREON.
- _____ I AM NOT THE LEGAL OWNER OF SAID PROPERTY NOR THE IMPROVEMENTS.
- _____ I AM THE LEGAL OWNER OF ONLY THE IMPROVEMENTS TO BE DEMOLISHED.
- _____ I HAVE A LEGAL CONTRACT WITH THE OWNER OR OTHER RESPONSIBLE PARTY TO REMOVE THESE IMPROVEMENTS.
- _____ I HAVE SUBMITTED A COPY OF THE CONTRACT TO THE CODES OFFICE VERIFYING MY AUTHORITY TO REMOVE THESE IMPROVEMENTS.
- _____ I HAVE A CONTRACT WITH WARE COUNTY TO REMOVE THE IMPROVEMENTS FROM THIS PROPERTY.
- _____ I HAVE SUBMITTED PROOF OF MY BUSINESS LICENSE AS A DEMOLITION CONTRACTOR IN WARE COUNTY.

APPLICANTS ADDRESS _____ PHONE _____

SIGNATURE _____ DATE _____

SECTION B

APPROVED _____ BY _____ PERMIT FEE \$ **50.00**

NO BURNING IS ALLOWED WITHOUT OBTAINING A PERMIT FROM THE FORESTRY DEPARTMENT AT 283-6303.

THIS PERMIT IS VALID THROUGH _____. AN EXTENSION MAY BE REQUESTED AND A NEW PERMIT MAY BE REQUIRED. PLEASE NOTIFY THIS OFFICE AT 912-287-4379 TO REQUEST AN INSPECTION UPON COMPLETION OF THE WORK. DEBRIS AND HAZARDOUS MATERIAL SHALL BE PROPERLY DISPOSED OF AT LEGALLY OPERATED LANDFILLS; TIPPING FEES ARE REQUIRED. FAILURE TO COMPLY WITH LOCAL, STATE AND FEDERAL APPLICABLE CODES, ORDINANCES, POLICIES AND PROCEDURES SHALL RESULT IN REVOCATION OF LICENSES AND PERMITS AND YOU SHALL BE SUBJECTED TO PENALTIES AS PROVIDED BY THE LAW.

SECTION C

DENIED _____ BY _____ DATE _____

REASON(S) _____