



City of Acworth
Community Development Department

4415 Senator Russell Avenue
Acworth, Georgia 30101
Office: (770) 974-2032
Fax: (770) 974-4421
www.acworth.org

COMMERCIAL DEMOLITION PERMIT APPLICATION

*Note: A separate permit is required for each and every building or structure on which work is to be done. If building contains more than (1) unit, list the addresses of all units in which work will be done.

All contractors are required to present a current Business License from a Georgia Municipality.

Please note you must call for a final inspection from both the Building Department and Acworth Public Works at the completion of the job. (Acworth Public Works Contact is: "Kirk Becker" at 770-975-0679).

Expiration of Permits: All demolition permits expire 60 day after issuance. The Building Official may issue a 60 day extension of the permit, (for due cause), if requested in writing by the permit holder prior to the permit expiring.

Lead & Asbestos Abatement: State law requires proper licensure for contractors abating Lead or Asbestos containing materials in whole or in part, including the proper disposal therefore, and proper precautions safeguarding employees and others from exposure.

1. NEED LETTER OF RELEASE FROM OWNER OF PROPERTY
2. NEED LETTER OF RELEASE FROM ACWORTH HISTORIC PRESERVATIONIST "MRS. DOBBS": (770) 974-3112 (Such Release Will Automatically Be Sought By Department Staff Once the Permit Application Has Been Submitted).
3. NEED LETTER OF DISCONNECT "AT THE STREET" FROM GAS UTILITY CO. (Atlanta Gas Light)
4. NEED LETTER OF DISCONNECT "AT THE STREET" FROM ELECTRIC UTILITY COMPANY
5. NEED LETTER OF DISCONNECT "AT THE STREET" FROM COBB COUNTY WATER AND SEWER, (The water meter and sewer tap may remain but must be physically disconnected from the service to the structure).
6. NEED AN EROSION CONTROL PLAN APPROVED FROM ACWORTH PUBLIC WORKS DEPARTMENT. CONTACT "KIRK BECKER" AT: (770-975-0679).

Location/Street Address: _____

Subdivision / Complex: _____ Lot / Suite #: _____

Owner Name: _____ Phone: _____

Address: _____ Mobile: _____

City: _____ State: _____ Zip: _____ Fax: _____

Contractor: _____ Phone: _____

Address: _____ Mobile: _____

City: _____ State: _____ Zip: _____ Fax: _____

Electrical Utility Provider (If known): Acworth Power () GA. Power () Cobb EMC ()

TOTAL SQUARE FOOTAGE _____

TOTAL VALUATION OF CONSTRUCTION (DEMOLITION) \$ _____

NOTE: The "Construction Valuation" is the "turnkey", free market cost of the entire job, including architectural and design fees (if applicable), all site work (including removal of utility services, the establishment of vegetative cover, etc.), materials, labor, overhead and profit.

PERMIT COST: \$5.00 per \$1,000 (or any portion thereof) OF TURN KEY VALUATION OF CONSTRUCTION): \$ _____

SERVICE CHARGE: _____ \$ **\$100.00**

TOTAL _____

Work Commencing Without a Permit: Where any work for which a permit is required is started without such a permit having been issued, the applicable fees shall be doubled. (This includes permits for Building, Electrical, Plumbing, Mechanical, Gas Etc.) The payment of such a double fee shall not relieve any persons from fully complying with the requirements if all applicable codes and City Ordinances including on work already performed, concealed or otherwise not inspected, nor shall it relieve them from any other penalties as may be prescribed by law.

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a 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 construction.

* **All construction materials must be removed from the site (including the foundation in its entirety) and all disturbed areas must be seeded and strawed to establish proper vegetative cover, or the contractor will be subject to re-inspection fees and/or citations.**

CONTRACTOR OR AUTHORIZED AGENT - PRINT NAME

DATE

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

FOR OFFICE USE ONLY

BASE APPLICATION ACCEPTED BY: _____

PLANS CHECKED BY: _____

ZONING APPROVAL: _____ TAX PARCEL NUMBER _____

APPROVED FOR ISSUANCE BY: _____

STIPULATIONS / COMMENTS

