



**UPSON COUNTY BUILDING AND ZONING DEPARTMENT**  
**305 SOUTH HIGHTOWER STREET, SUITE D-100**  
**THOMASTON, GA 30286-4170**  
**(706)647-1297 FAX (706)6472693**

**Building Official**  
**Thomas E. Keyt C.B.O. (706)975-1786**

**UPSON COUNTY DEMO PERMIT APPLICATION**

PERMIT NUMBER \_\_\_\_\_ ISSUE DATE \_\_\_\_\_

**Demolition of:**  entire structure  part of structure only  interior only

Site Address \_\_\_\_\_ Cost of Demolition: \$ \_\_\_\_\_

Type of Structure: (wood, stucco, ect.) \_\_\_\_\_ Map# \_\_\_\_\_ Parcel# \_\_\_\_\_ Zoning District \_\_\_\_\_

No. of Units \_\_\_\_\_ No. of Stories \_\_\_\_\_ No. of Rooms \_\_\_\_\_ Total Square Footage \_\_\_\_\_

Which utilities will be disconnected: Gas  Sewer  Septic Tank  Electrical  Water/Well

Proposed Date of Demolition: \_\_\_\_\_ Equipment used to demolish structure: \_\_\_\_\_

**Will this project involve the removal of lead paint? Yes  No**

**Will this project involve the removal or encapsulation of asbestos? Yes  No  If yes, this permit may not be issued until you have presented this office with your Asbestos Contracting License and the Notification of Asbestos Renovation, Encapsulation, or Demolition from the Georgia Department of Natural Resources, Asbestos Licensing and Certification Unit, Environmental Protection Division. Asbestos Contracting License Number # \_\_\_\_\_**

PERMIT FEE \$ \_\_\_\_\_

**Owner Information**

Owner's Name(s): \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Contractor Information**

Owner's Name(s): \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation Tax Certificate #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Applicant's Certification**

I hereby certify that the site described herein will be constructed and/or used in accordance with all zoning ordinances and with all applicable regulations.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

County Official or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_