



CITY OF AUGUSTA WRECKING AND DEMOLITION PERMIT

OWNER: _____ CONTRACTOR: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: _____ TELEPHONE: _____

LOCATION: _____ BUILDING SIZE: _____

FOUNDATION: _____

MAP: _____ LOT: _____ ZONE: _____ FRAME TYPE: _____

SCOPE OF WORK: _____

WORK TO COMMENCE: _____ ESTIMATED COMPLETION DATE: _____

DISPOSAL: SALVAGED MATERIALS: _____

INERT FILLS: _____

DEBRIS: _____

STAGING AREA FOR SEPARATION OF MATERIALS WILL WILL NOT BE USED.

SITE / OWNER: TELEPHONE: _____ TELEPHONE: _____

LOCATION: _____ MAP: _____ LOT: _____ ZONE: _____

CITY / TOWN: _____

THE OWNER OF THIS PROPERTY AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE CITY OF AUGUSTA AND FURTHER AGREE THAT ALL DAMAGES MADE TO SIDEWALKS, CURBS AND ROADWAYS IN CONNECTION WITH WRECKING OR DEMOLITION APPROVED BY THIS PERMIT SHALL BE IMMEDIATELY REPAIRED TO THE SATISFACTION OF THE CITY ENGINEER AT THE EXPENSE OF THE APPLICANT.

APPLICANTS SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

CERTIFICATE OF INSURANCE: _____ CITY SERVICES: _____ DATE: _____

EXPIRATION DATE: _____ SANITARY DISTRICT: _____ DATE: _____

SECURITY DEPOSIT: _____ 0100-21531 (118) WATER DISTRICT: _____ DATE: _____

PERMIT FEE: _____ 000-51119 (119) CMP: _____ DATE: _____

ADMINISTRATIVE FEE: _____ 000-51122 (122) TELEPHONE COMPANY: _____ DATE: _____

CABLE TV COMPANY: _____ DATE: _____

SPRINKLED: YES NO PERMIT STATUS CODE: _____ DEMOLITION COMPLETED: _____

HANDICAPPED: YES NO ZONING CLASS CODE: _____ CONSTRUCTION TYPE CODE: _____

100 YR. FLOOD: YES NO NBC USE GROUP CODE: _____ CODE ENFORCEMENT OFFICER: _____

SECURITY DEPOSIT CAN BE RELEASED: _____