	415 Highway 53 E Dawsonville, Ge Phone: (706)2	orgia 30534		OLITION Application
Project Name/Subdivision:			Historic	District:
Project Address:			Parcel #:	
Lot #:				
Property Owner:		Contact:		
Cell Phone #:	E-Mail:			
Address:	Ci	ty:	State:	Zip:
	Commercial B	uilding Permit Checklist		
Completed Demo	lition Permit Application	on		
□ Site Plan showing	g building(s) to be den	nolished		
·			Donort	
L Copy of the Asbe	stos Abatement Inspe	ector's Certification and I	Report	
□ (If Applicable) Co	py of the Contractor's	Georgia Asbestos Abat	ement License	
		-		
Contractor Name/Company:		Contact:		
Contractor Name/Company: Cell Phone #:	E-Mail:	Contact:		
Contractor Name/Company:	E-Mail:	Contact:		
Contractor Name/Company: Cell Phone #:	E-Mail:	Contact:		
Contractor Name/Company: Cell Phone #: Address: Utility Providers: Water:	E-Mail: City: Sewer:	Contact: : Power: Fee	State:	
Contractor Name/Company: Cell Phone #: Address:	E-Mail: City: Sewer:	Contact: : Power: Fee \$50.00	State: Gas: Qty\$	Zip:
Contractor Name/Company: Cell Phone #: Address: Utility Providers: Water: Demolition Fee (each struc	E-Mail: City: Sewer: cture)	Contact: : Power: Fee	State: Gas: \$ \$	_Zip:
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