



Rock Solid

STRUCTURE DEMOLITION APPLICATION City of Elberton

(Please Print)

Applicant Information :

Date: _____

Name : _____

Address: _____

Location of Structure :

Property Address/Job Address: _____

Owner Name: _____

Owner Address: _____

Owner Phone #: _____

Date of demolition to occur : Month _____ Day : _____ Year : _____

This is to certify that _____ (print name) has the lawful authority to execute this application for a house or structure demolition permit, and that all requirements of the City of Elberton have been met.

Structure demolition Company Information:

Name : _____

Address: _____

Phone : _____

Insurance Information :

Company : _____

Address : _____

Phone : _____

Estimated Cost of Demolition : _____

Structure or Building Demolition Fee is \$150.00

Signature of Applicant _____ Date _____

Return to: 203 Elbert Street, Elberton, GA 30635
Phone: 706-213-3100 FAX to: 706-213-3125
Or email: bdriscoll@cityofelberton.net