



# City of Covington

## DEMOLITION PERMIT APPLICATION

PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS  
WILL BE RETURNED.

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Process No.: \_\_\_\_\_

### I. REQUIREMENTS:

☐ Non-refundable permit fee of \$75.00 per structure upon issuance of the permit

☐ If your home is in the historic district, you will need to complete a Certificate of Appropriateness before the completion of this application.

### II. PROPERTY OWNER:

Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

### III. CONTRACTOR INFORMATION:

Contractor/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Company Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### IV. PROPERTY INFORMATION:

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

Tax ID: \_\_\_\_\_ Parcel Size (Acres): \_\_\_\_\_

Type of structure to be removed:

☐ Residential, ☐ Commercial, ☐ Industrial, ☐ Other ☐ interior demo only

Has the structure been tested for asbestos? ☐ yes ☐ no.

*If yes, provide the report or a description of how it was or will be removed in accordance with United States Environmental Protection Agency asbestos removal management practices. **Any structure built before 1980 will require asbestos testing.***



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### **V. AUTHORIZATION FOR REPRESENTATION:** (If the owner/applicant is requesting to be represented)

I, \_\_\_\_\_, the owner of the subject property identified in this application, do hereby authorize \_\_\_\_\_ to act on my behalf in all matters pertaining to the processing and approval of this application, including modifying the project accordingly to the terms and conditions set forth by the City of Covington. I agree to be bound by all representatives and agreements made by my designated representative.

Signature of Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

### **VI. CERTIFICATION:**

I, \_\_\_\_\_ the owner or authorized representative of the owner(s), read and understand the contents of this application. I certify that the information contained herein, including attachments and all other supporting information is complete and true to the best of my knowledge and belief. I further certify that I understand that an approval of a Demolition Permit in no way constitutes approval of an application for a building permit. A request for a permit to build requires a separate application, review and approval process.

Signature of owner/applicant or representative: \_\_\_\_\_  
Date: \_\_\_\_\_



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### CITY OF COVINGTON, GEORGIA AFFADAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

I, \_\_\_\_\_ am applying to the City of Covington, Georgia for a  
(Name)

\_\_\_\_\_ 1) Alcohol

  X   2) Other public benefit as referenced in O.C.G.A. 50-36-1.  
(Please describe) demo permit

I hereby state, under oath, with respect to my application for

\_\_\_\_\_  
(Name of business, corporation, partnership, or other private entity)

that:

\_\_\_\_\_ 1) I am a United States citizen or a legal permanent resident

OR

\_\_\_\_\_ 2) I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 year of age or older, lawfully present in the United States. \*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Alien Registration Number for Non-Citizens\*

NOTARY SEAL:

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

\*Note: O.C.G.A. 50-36-1 (e) (2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number, because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration numbers. Qualified aliens that do not have an alien registration number may supply another identifying number below:  
\_\_\_\_\_



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**\*\* FOR OFFICIAL USE ONLY \*\***

**Department Disconnect:**

Signature of employee performing the service

Electric:	Date:
Water/Sewer:	Date:
Gas:	Date:
Engineering:	Date:
Other:	Date: