

# **Application for DEMOLITION permit**

**McIntosh County Building & Zoning**  
912-437-6603  
**P.O. Box 2694**  
100 Madison Street  
**Darien, GA 31305**



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

Map & Parcel# \_\_\_\_\_

**Homeowner:**

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

Telephone #: \_\_\_\_\_

Address of Property to be Demolished: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contractor:**

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

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

Telephone #: \_\_\_\_\_

License #: \_\_\_\_\_

**Job Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A copy of current tax receipt must be attached.**

***Total due: \$50.00***

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Applicant's Signature

**PERMIT#** \_\_\_\_\_  
**(Office Use Only)**