

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

Applicant's Signature

PERMIT# _____

(Office Use Only)