



**Thomson-McDuffie Planning Commission**  
 210 Railroad Street, Suite 1544  
 Thomson, Georgia 30824  
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 706-595-5355

**DEMOLITION PERMIT APPLICATION**

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Property Location: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

Ph# \_\_\_\_\_

Property Owner: \_\_\_\_\_

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

Ph# \_\_\_\_\_

**STRUCTURE TYPE**

Demolition: [ ] Renovation/ Repair: [ ]

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Single Family Residential | <input type="checkbox"/> Industrial         | <input type="checkbox"/> Agricultural    |
| <input type="checkbox"/> Two Family Residential    | <input type="checkbox"/> Institutional      | <input type="checkbox"/> Special Purpose |
| <input type="checkbox"/> Multi- Family Residential | <input type="checkbox"/> Public             | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Commercial                | <input type="checkbox"/> Accessory Building |  |

Parcel # \_\_\_\_\_

**Type Work**

Demolition                       Condemnation                       Copy of Asbestos Inspection

General Contractor- Company Name: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**This permit becomes null and void if the work or demolition is not commenced within six (6) months of the date of permit purchase. I hereby certify that the site described herein will be constructed and/or used in accordance with all the applicable zoning ordinances and laws governing the Thomson-McDuffie County Planning Commission.**

Applicant's Signature: \_\_\_\_\_