

ROME-FLOYD COUNTY  
APPLICATION FOR  
COMMERCIAL DEMOLITION PERMIT

OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

STRUCTURE LOCATION: \_\_\_\_\_ PROP.ID: \_\_\_\_\_

ESTIMATED STARTING DATE: \_\_\_\_\_

ESTIMATED COMPLETION DATE: \_\_\_\_\_

PLEASE NOTE THAT GA-EPD MUST BE NOTIFIED BY SUBMISSION OF THE ATTACHED FORM AT LEAST 10 WORKING DAYS PRIOR TO BEGINNING DEMOLITION.

WASTE TRANSPORTER: \_\_\_\_\_ ADDR: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

WASTE DISPOSAL SITE (LANDFILL NAME): \_\_\_\_\_

ADDR: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I, \_\_\_\_\_ HEREBY MAKE APPLICATION TO DEMOLISH THE STRUCTURE AT THE ABOVE LISTED LOCATION AND AGREE TO COMPLY WITH ALL ORDINANCES OF ROME-FLOYD COUNTY AND LAWS OF GEORGIA REGULATING DEMOLITION, WASTE DISPOSAL, HANDLING OF HAZARDOUS WASTE AND EROSION SEDIMENTATION AND DUST CONTROL. **A SEPERATE LAND DISTURBING ACTIVITY PERMIT AND APPROVED EROSION, SEDIMENTATION AND POLLUTION PREVENTION PLAN IS REQUIRED FOR PROJECTS WITH GREATER THAN ONE ACRE OF DISTURBED AREA OR WITHIN 200 LINEAR FEET OF STATE WATERS.**

ROME-FLOYD COUNTY CODE REQUIRES THAT ALL TRASH, RUBBLE AND LITTER BE REMOVED FROM THE PREMISES; ANY HOLES, WELLS, EXCAVATIONS AND GROUD DEPRESSIONS THAT MAY HOLD WATER SHALL BE FILED AND GRADED TO DRAIN IN A SAFE AND SANITARY MANNER BY THE CONTRACTOR.

PROPER SUPERVISION OF ALL DEMOLITION ACTIVITIES SHALL BE THE RESPONSIBILITY OF THE CONSTRUCTOR, AND THE CONTRACTOR AGREES TO INDEMNIFY AND HOLD HARMLESS THE CITY OF ROME AND FLOYD COUNTY FROM ANY AND ALL LIABILITY ARISING BY A FAILURE OF THE CONTRACTOR TO USE EXERCISE ORDINARY CARE IN PERFORMING DEMOLITION ACTIVITIES.

DOCUMENTATION OF THE FOLLOWING ITEMS SHALL BE PROVIDED PRIOR TO DEMOLITION PERMIT APPROVAL:

- ASBESTOS SURVEY COMPLETED BY GEORGIA LICENSED INSPECTOR
- COPY OF GA-EPD PREDEMOLITION NOTIFICATION
- PUBLIC WORK/GDOT APPROVAL
- ATLANTA GAS NOTIFIED AND DISCONNECTED
- GA. POWER CO. NOTIFIED AND DISCONNECTED
- COMCAST CABLE NOTIFIED AND DISCONNECTED
- CITY OF ROME WATER & SEWER DEPT. NOTIFIED (SEWER TAP SHALL BE CAPPED BY CONTRACTOR)
- FLOYD COUNTY WATER DEPT. NOTIFIED AND DISCONNECTED
- SAFETY BARRIERS IN-PLACE AND SANITARY FACILITIES PROVIDED

I AGREE TO THE ABOVE LISTED REQUIREMENTS AND AFFIRM THAT THE INFORMATION SUBMITTED IN THIS APPLICATION AND ALL ATTACHMENTS IS TRUE AND CORRECT

CONTRACTOR (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_