



**Demolition Permit Application**

**Contractor Information**

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

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

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

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

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

Contractor's License #: \_\_\_\_\_

Type of License:  Residential       Commercial       GC

License Expiration Date: \_\_\_\_\_

Total Cost of Project: \_\_\_\_\_

City of Pickens Business License #: \_\_\_\_\_

**Location Information**

Property Owners Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Tax Map #: \_\_\_\_\_

Property Owners Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

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