

**CALHOUN COUNTY
Demolition Permit**

Name of Owner _____ **Phone #** _____

Owner Address _____ **City** _____ **State** _____ **Zip** _____

E-911 Site Address _____ **City** _____ **State** _____ **Zip** _____

Type structure being demolished _____

Authorized by _____ **Date** _____

Tax Map # _____

The structure being demolished shall be properly disposed of and verification of disposal submitted to Calhoun County Building and Planning Department upon completion of work.

Permit Number D - _____

Building and Planning

THIS PERMIT EXPIRES SIX (6) MONTHS AFTER DATE OF ISSUE