

City of Georgetown
Demolition Permit Request Form
Demolition Fee: \$5.00

Request Date: ___ / ___ / ___

Name: _____

Address: _____

City, State Zip: _____

Phone #: _____

Address of Demolition: _____

Description of Demolition to be accomplished: _____

Name and Address of Person(s) or Contractor performing Demolition:

-- For Office Use Only --

Amount Paid: \$5.00 Cash or Check #: _____ Receipt #: _____

Inspection Date: _____ Inspector Initials: _____