



DEMOLITION PERMIT APPLICATION

DATE: _____

TYPE OF DEMOLITION (ZONING): RESIDENTIAL COMMERCIAL

APPLICANT:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

PROJECT INFORMATION:

Owner of Property: _____

Address of Property: _____

Project Description: _____

Total Square Footage of Building: _____

Legal Description:

Addition: _____ Block: _____ Lot: _____ Abstract: _____

CONTRACTOR INFORMATION:

Name of General Contractor: _____

Address of General Contractor: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I HEREBY CERTIFY THAT AN ASBESTOS SURVEY HAS BEEN DONE IN ACCORDANCE WITH THE TEXAS ASBESTOS HEALTH PROTECTION RULES (TAHPR) AND THE NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHA) FOR THE AREA(S) BEING RENOVATED AND/OR DEMOLISHED. _____

(INITIAL HERE)

Applicant: _____
(Signature)

Applicant: _____
(Printed Name)

Fees will DOUBLE if Permit is issued after commencing