

DEMOLITION PERMIT APPLICATION

ONE APPLICATION per building

JOB ADDRESS:					County:	County:	
Lot/Tract: Block:			Subdivision/Survey:				
Description of Structure (example: House, Barn, Commercial, Industrial, etc.):							
Building Owner Information							
Name :			Address:		City, Zip	City, Zip	
Phone: Fax:				e-mail:			
Contractor Infor	mation		T	and the state of the second second			
Name :		Address:		City, Zip	City, Zip		
Phone:	e: Fax:		the statement of the second	e-mail:			
An asbestos survey shall be conducted in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the areas being renovated and/or demolished. Has an asbestos survey been conducted YES NO* (Initial) *If answer is NO , then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to renovation/demolistion permit being issued by the City of Stephenville Texas.							
Scope of Work and Start Date:							
PLEASE READ CAREFULLY							
> Contractor shall ensure that all utilities (water, sewer, electric, gas) are disconnected prior to demolition.							
Contractor shall ensure and is responsible for the removal of all structures, contents, foundations, light posts, underground equipment/structures, fences, trash, debris, etc.							
> All material shall be hauled and disposed of at an approved off-site facilty outside the city limits.							
This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.							
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.							
Signature of Applicant:					Date:		
Please Print Name:							
OFFICE USE ONLY							
Zoning :	Historical La	ndmark	YES NO				
Substandard StructureYES*NO * if yes, please attach photos Development Services ApprovalDate:							
Office: (254) 91 Fax: (254) 91			298 W. Washington Stephenville, Icox 76401			FEE	

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