



DEMOLITION APPLICATION

REQUIRED FIELDS PROPERTY/PROJECT INFORMATION	
*PROJECT <u>Address</u> :	*OCCUPIED: <input type="checkbox"/> Yes <input type="checkbox"/> No
**Owner (full) <u>Name</u> :	*Owner <u>Phone#</u> :
Owner (complete) <u>Address</u> :	

CONTRACTOR/COMPANY INFORMATION			
*Contractor <u>Name</u> :		*Contractor <u>Phone#</u> :	
Contractor <u>Address</u> :	City:	State:	<u>Zip Code</u> :

PROJECT/STRUCTURE INFORMATION	
Describe Current <u>Structure Use</u> :	Describe Proposed <u>Use of Property</u> :
*Describe <u>Scope of Work</u> :	**No.# of <u>Structures</u> :

PROPERTY OWNER/AGENT AUTHORIZATION		
<p>** Commercial Property Sites Only: An <u>Asbestos Survey</u> has been conducted in accordance with the Texas Asbestos Health protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for areas being renovated and or demolished. The owner/operator of the renovation/demolition site must have this survey conducted before issuance of a demolition permit by the <u>City of Dickinson</u>.</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A </p>		

Property Owner Consent/Agent Authorization: By my signature, I hereby affirm that I am the **property owner** of record, or if the applicant is an organization or business entity, that authorization has been granted to represent the owner, organization or business in this application. I certify that the preceding information is **complete and accurate**, and it is understood that I agree to the application being requested for this property. Additionally, my signature below indicates my awareness of the fee required at the time of the application submittal and any additional fees as noted in the City's Fee Schedule. This (FEE) is **non-refundable** even in the event of application withdrawal. I have the power to authorize and hereby grant permission for **City of Dickinson Officials** to enter the property on official business as part of the application process.

*SIGNATURE of Contractor/Authorized Agent	PRINTED NAME	APPLICATION DATE
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(FOR COMMUNITY SERVICES OFFICE USE ONLY)			
Demo Permit Number#: _____	FEES (now) DUE:\$ _____		
Date Submitted: _____	Flood Zone: _____	Payment RCVD: _____	
Zoning District: _____	Plan Reviewer: _____	Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> DENIED

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****
 You May Email Application with Documentation to: permits@ci.dickinson.tx.us