



PERMIT# _____
 COST _____
 RCPT# _____
 CK# _____
 BS&A # _____

DEMOLITION PERMIT APPLICATION

**** Demolition Permits valid for 180 days from date of issuance ****

RESIDENTIAL COMMERCIAL

ADDRESS OF WORK _____

OWNER _____ CELL PHONE _____

OWNER ADDRESS _____ CITY/STATE/ZIP _____

DEMOLITION CONTRATOR _____

ADDRESS _____

EMAIL ADDRESS _____

ABATEMENT CONTRACTOR _____

ADDRESS _____ CELLPHONE _____

TYPE OF STRUCTURE TO BE MOVED		
<input type="checkbox"/> HOUSE	<input type="checkbox"/> MASONRY	<input type="checkbox"/> OTHER
<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> GARAGE	<input type="checkbox"/> OTHER

DESCRIBE THE METHOD TO SECURE THE PROPERTY UNTIL THE DEMOLITION IS COMPLETED.

TAX PAYMENT INFORMATION PROVIDED? _____ YES _____ NO

Have required forms been submitted to the Department of Environmental Quality?

_____ YES DATE: _____

HAVE ALL UTILITIES BEEN NOTIFIED? _____ YES DATE: _____

I agree to carry out this demolition in a safe manner. I will remove all materials in accordance with the ordinances of the City of Silsbee, and fill and grade the site as soon as possible. I will keep the site secure at all times and keep all materials from becoming a nuisance. I will arrange for inspection of all sewer conditions, basement slabs and final grading. I agree to comply with the ordinances of the City of Silsbee.

 Print Name

 Signature

 Date