

Date: \_\_\_\_\_

Permit No: \_\_\_\_\_

### The City of Silsbee Demo Permit Application

Demolition \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Other \_\_\_\_\_

The undersigned, in accordance with the Building Laws of the City of Silsbee, Texas, hereby applies for a Building Demolition Permit for the purpose of demolition of the following building as follows:

Job Location: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

Or Legal Description: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Contractor Office Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

**Residential:** \_\_\_\_\_ Square feet      **Commercial:** \_\_\_\_\_ Square Feet      **No. Stories:** \_\_\_\_\_

**Principal type of Frame:**    Masonry \_\_\_\_\_    Wood \_\_\_\_\_    Steel \_\_\_\_\_    Concrete \_\_\_\_\_

**Description of work to be done:**

\_\_\_\_\_  
\_\_\_\_\_

**Estimated time to complete** \_\_\_\_\_ **days**

**Commercial Remodel or Demolition:** Per Senate Bill 509 an asbestos survey of property must be done before permit can be issued. Has an asbestos survey been completed? Yes \_\_\_\_\_ No \_\_\_\_\_

All provisions of the local and International Building Code (IBC) shall be complied with in the construction, alteration, repair, addition to, or moving of said building, whether specified or not.

I, \_\_\_\_\_, hereby certify that I have read this application and filled all information required by the City of Silsbee. I understand that all work will be performed in compliance with the IBC Code, ordinances and laws adopted by the City of Silsbee and State of Texas. I also acknowledge that the City of Silsbee or its authorized agent is not responsible or liable for verification of information enforcing deed restrictions, covenants or homeowner association requirements. I, as the authorized agent of the owner, will allow the Building Official or his authorized agent access to perform inspections during normal working hours.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

Date of Approval: \_\_\_\_\_ Approved by: \_\_\_\_\_ Permit Fee\$ \_\_\_\_\_  
(based on current schedule of fees)