



**999 Illinois Lane
New Fairview, TX 76078
Phone: 817-638-5366
Fax: 817-638-5369**

DEMOLITION PERMIT APPLICATION

Building Owner _____ Address _____

Phone Number _____

Email: _____

Demolition Site Address _____

Proposed Start Date _____ Proposed Completion Date _____

Demolition Contractor Company Name _____

Email: _____

Address _____ Phone _____

Disposal Site Name _____ Phone _____

Disposal Site Address _____

****Commercial Buildings will need an Asbestos Survey** before demolition**

Fee: \$50.00

All provisions of laws and ordinances governing this type of work shall be compiled with whether specified herein or not.

Building Owner _____ Date _____

Permit # _____ Date _____ Fee \$ _____