

# CITY OF CUERO DEMOLITION PERMIT APPLICATION

DATE:

Permit No.:

**1. PROPERTY ADDRESS:**

LEGAL DESCRIPTION	LOT NO.(S)	BLOCK	SUBDIVISION / TRACT
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**2.**

<b>OWNER</b>	MAILING ADDRESS	CITY / STATE / ZIP	PHONE NO.(S)
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**3.**

<b>BUILDING CONTRACTOR</b>	MAILING ADDRESS	CITY / STATE / ZIP	PHONE NO.(S)	LICENSE #
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**4.**

<b>CONTACT PERSON-NAME, PHONE NUMBER AND EMAIL ADDRESS</b>	EMAIL ADDRESS	PHONE NO.(S)
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**5. DESCRIPTION OF WORK:**

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**6. COMPLETION DATE:** \_\_\_\_\_

\_\_\_\_\_ (Initial) I hereby certify that an asbestos survey has been done, where applicable, in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the Nation Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished.

_____ (Signature of Contractor/Owner)	_____ (Signature of Building Inspector)
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PERMIT FEE <b>\$100.00</b>	
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**FOR INSPECTIONS: Call (361)-275-6114 – Press 5-EXT. 4 – Building Dept.**

**For Documentation purposes – No inspections will be scheduled through the Inspector’s department telephone line or cell phone. Please let us know the communication method preferred, phone or email, to report back the inspection status. Thank you.**

Office Use Only:		Revised 06/08/15
Plans Checked By: _____	Check for Open Permits	
Approved for Issuance By: _____	Date: _____	