Permit Cost $_____

Penalty $_____

Issued _____

Approved _____

Faxed CCAD _____

CITY OF SEADRIFT

DEMOLITION PERMIT

Tracking #

PERMIT Number

PO BOX 159, SEADRIFT, TX, 77983, TEL: 361-785-2251, FAX: 361-785-2208

Fees determined from Appendix IRC-R or IBC-L

ANY CONSTRUCTION FOLLOWING DEMOLITION MUST BE PERMITTED SEPARATELY OR A PENALTY WILL APPLY

1. **HAS WORK ALREADY BEGUN?** ☐-YES: *A Penalty may be assessed* ☐-NO

2. BUILDING LOCATION: BLOCK:_____ LOT:_____

3. SUBDIVISION: (If applicable)_____

4. 911 PHYSICAL ADDRESS: _____ SEADRIFT, TX

5. OWNERS NAME:_____ PHONE:_____

6. OWNERS MAILING ADDRESS:_____

CITY _____ STATE _____ ZIP _____

7. CONTRACTOR NAME:_____ PHONE:_____

8. CONTRACTOR ADDRESS:_____

CITY _____ STATE _____ ZIP _____

9. CURRENT TAX VALUATION ON IMPROVEMENTS TO BE DEMOLISHED: $ _____

10. WHAT IS TO BE DEMOLISHED? _____

_____

11. HOW IS DEMOLITION MATERIAL/RUBBISH TO BE DISPOSED OF? _____
(Disposal is Owner/Contractor Responsibility)

_____

12. WHO WILL DISPOSE/HAUL AWAY DEMOLISHED MATERIAL/RUBBISH? _____

_____

13. WHERE WILL DEMOLISHED MATERIAL/RUBBISH BE HAULED TO? _____

_____

14. HVAC EQUIPMENT MUST BE PROPERLY PURGED/EVACUATED BY LICENSED HVAC TECHNICIAN BEFORE DISMANTLING HVAC TUBING.

15. HAVE ALL APPROPRIATE UTILITIES BEEN NOTIFIED? ☐-YES ☐-NO: *Permit cannot be issued*

☐-ELECTRICAL? ☐-NATURAL GAS? ☐-TELEPHONE? ☐-CITY UTILITIES?

I hereby certify I have read this permit. I further certify all provisions of laws and ordinances governing this work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regarding construction, repairs, placements or the performance of such construction, repairs or placements.

SIGNATURE _____ DATE _____

Permit expires 180 days after issue if no work has been performed or if work has ceased. Renewal may or may not require additional fees and depends on whether there have been changes to work scope.