



CITY OF GLEN ROSE - DEMOLITION APPLICATION

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Commercial

Residential

Accessory Structure

<p align="center">PROPERTY INFORMATION</p> <hr/> <p align="center">Street Address of Property Owner</p> <hr/> <p align="center">City/State/Zip</p> <hr/> <p align="center">Current Use</p>	<p align="center">DEMOLITION TYPE</p> <p><input type="checkbox"/> Total</p> <p><input type="checkbox"/> Partial – identify the exterior wall(s), roof or portion of wall(s) and roof to be demolished.</p> <hr/> <hr/>
<p align="center">APPLICANT INFORMATION</p> <hr/> <p align="center">Name</p> <hr/> <p align="center">Street Address of Applicant</p> <hr/> <p align="center">City/State/Zip</p> <hr/> <p align="center">Phone Number</p> <hr/> <p align="center">Email</p>	<p align="center">OWNER INFORMATION</p> <hr/> <p align="center">Name</p> <hr/> <p align="center">Street Address of Owner</p> <hr/> <p align="center">City/State/Zip</p> <hr/> <p align="center">Phone Number</p> <hr/> <p align="center">Email</p>
<p align="center">DEMOLITION CONTRACTOR INFORMATION</p> <hr/> <p align="center">Company</p> <hr/> <p align="center">Street Address</p> <hr/> <p align="center">City/State/Zip</p> <hr/> <p align="center">Phone Number</p>	<p align="center">STRUCTURAL INFORMATION</p> <hr/> <p align="center">Square Feet</p> <hr/> <p align="center">Building Material</p> <hr/> <p align="center">Foundation Type</p> <hr/> <p align="center">Estimated Cost of Demolition</p>
<p align="center">***CAUTION***</p> <p>1. Property owners are responsible for the protection of the water and sewer taps. Any damage to the water or sewer taps will be repaired by the city at the property owners' expense.</p> <p>2. Property owner must protect sewer tap against infiltration of storm water and/or dirt.</p> <p>I, _____, hereby certify that all utilities have been disconnected and that I have read and understand the above "caution" notice(s).</p> <p>Signature of Applicant: _____ Date: _____</p>	

PO Box 1949, Glen Rose, Texas 76043 • 254-897-2272 • email: codeenforcement@glenrosetexas.org • www.glenrosetexas.org

CITY OF GLEN ROSE - DEMOLITION APPLICATION (Continued)

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Submittal Requirements

1. Owner Authorization/signature, **NOTARIZED** at the bottom of this page
OR a **NOTARIZED** letter of authorization from the owner giving the applicant permission to apply.
2. Dimensioned Site Plan or Survey that shows all existing structures and what is being demolished.
3. Certified tax certificate(s) from the Somervell County Appraisal District showing proof of ownership.
4. Permit Fee.

Consent, Authorizations and Signatures

I understand and will adhere to the following rules or regulations:

1. **NO work may begin prior to issuance of this permit.**
2. Demolition permits are valid for 6 months, however once demolition has begun, you must complete the demolition and removal of all debris within **30 days**.
3. Commercial Structures or more than one residential dwelling that are within 660 ft of each other are both required to have an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issue by the City of Glen Rose.
4. I, _____, hereby certify that an asbestos survey has been done in accordance with the Texas asbestos Health Protection Rules (TAHPR) and the National Emissions Standards for hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished.

I, the undersigned, hereby swear or affirm that the information provided in this application is true and correct to the best of my knowledge and is an accurate reflection of my intentions for the above structure and/or property. I understand that any omission or incorrect information herein will render this application and any permit obtained invalid.

As owner(s) of the property described in this application, I/we hereby authorized the Applicant listed on this application to act on my/our behalf during the processing and presentation of this request. They shall be the principal contact with the City in processing this application.

Signature of Applicant: _____ **Date:** _____

(if different from owner)

Owner Name: (printed) _____

Signature of Owner: _____ **Date:** _____

Sworn and subscribed before me this _____ day of _____, 20____

Signature of Public Notary