



Building Demolition Application

101 East Main St.
Robstown, Texas 78380
Phone (361) 387-4589 Opt.5

Building Inspection Department
P.O. Box 892
Robstown, Texas 78380
Email: qc_hub@cityofrobstown.com

Project Information

Project Address _____

Lot _____ Block _____ Subdivision _____

Estimated Demolition Cost \$ _____

Building to Demolished Residential Commercial

Construction Type: _____ Deconstruction Yes No

Number of Structures: _____ Total Sq. Ft. _____

Will any structure on the lot remain after demolition? If so, list: _____

Disposal Arrangements: _____

Disposal Location/Address: _____

Demolition Duration: _____

Property Owner

Name _____ Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Demolition Contractor

Company name _____ Phone: _____

Company Address _____

Contractor Registration # _____ Registration Current: Yes No Expiration Date: _____

Insurance Carrier: _____ Liability Limits: _____ Expiration Date: _____

Insurance Address: _____

Applicant Signature: _____ Date: _____

Print Name: _____

For Office Use Only

Verify Ownership on NCAD or deed

Confirm Utilities Disconnected

Current Tax Sheet

Asbestos Report for Commercial Demolition