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

Lot Bloc	subdivision	
Estimated Demolition Cost \$		
Building to Demolished \Box Res	sidential Commercial	
Construction Type:	Deconstruction <u>Ves</u>	
Number of Structures:	Deconstruction <u> Yes</u> <u>No</u> Total Sq. Ft	
Will any structure on the lot rem	nain after demolition? If so, list:	
Disposal Arrangements:		
Disposal Location/Address:		
Densities Duration		
Demolition Duration:		
Property Owner		
	Mailing Address	
City	Mailing Address State Zip	
2	I	
Phone		
Phone		
Phone		
Phone Demolition Contractor		
Phone Demolition Contractor		
Phone Demolition Contractor Company name	Phone:	
Phone Demolition Contractor Company name		
Phone Demolition Contractor Company name Company Address	Phone:	
Phone Demolition Contractor Company name Company Address Contractor Registration #	Phone:	
Phone Demolition Contractor Company name Company Address Contractor Registration #	Phone: Phone: Registration Current: □ <u>Yes □ No</u> Expiration Date: Liability Limits: Expiration Date:	
Phone Demolition Contractor Company name Company Address Contractor Registration # Insurance Carrier:	Phone: Phone: Registration Current: □ <u>Yes □ No</u> Expiration Date: Liability Limits: Expiration Date:	
Phone Demolition Contractor Company name Company Address Contractor Registration # Insurance Carrier:	Phone: Phone: Registration Current: □ <u>Yes □ No</u> Expiration Date: Liability Limits: Expiration Date:	
Phone Demolition Contractor Company name Company Address Contractor Registration # Insurance Carrier: Insurance Address:	Phone: Registration Current: □ Yes □ No Expiration Date: Liability Limits:Expiration Date:	
Phone Demolition Contractor Company name Company Address Contractor Registration # Insurance Carrier:	Phone: Registration Current: □ <u>Yes □ No</u> Expiration Date: Liability Limits: Expiration Date:	
Phone Demolition Contractor Company name Company Address Contractor Registration # Insurance Carrier: Insurance Address: Applicant Signature:	Phone:Phone:Phone:Phone:	
Phone Demolition Contractor Company name Company Address Contractor Registration # Insurance Carrier: Insurance Address: Applicant Signature:	Phone: Registration Current: □ Yes □ No Expiration Date: Liability Limits:Expiration Date:	
Phone Demolition Contractor Company name Company Address Contractor Registration # Contractor Registration # Insurance Carrier: Insurance Address: Applicant Signature: Print Name:	Phone:Phone:Phone:Phone:	
Phone Demolition Contractor Company name Company Address Contractor Registration # Insurance Carrier: Insurance Address: Applicant Signature: Print Name: For Office Use Only	Phone:Phone:	
Phone Demolition Contractor Company name Company Address Contractor Registration # Insurance Carrier: Insurance Address: Applicant Signature: Print Name: For Office Use Only □ Verify Ownership on No	Phone:Phone:	
Phone Demolition Contractor Company name Company Address Contractor Registration # Insurance Carrier: Insurance Address: Applicant Signature: Print Name: For Office Use Only	Phone:	