



# 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

## Demolition Permit Fee \$75.00

### 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

Paid \$75.00 Fee

Asbestos Report for Commercial Demolition