



Physical Address: 401 E Goode / Mailing Address: P.O. Box 1855; Quitman, TX 75783
 Phone: 903-763-2223 / Fax: 903-763-5631

Demolition Permit Application

Building Permit Number: _____		Valuation: _____	
Project Address: _____		Zoning: _____	
Lot: _____	Block: _____	Subdivision: _____	
Project Description:	NEW SFR <input type="checkbox"/>	SFR REMODEL/ADDITION <input type="checkbox"/>	DEMOLITION
	PLUMBING <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	
	ACCESSORY BUILDING <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>	
	SPECIFY OTHER:		
		ELECTRICAL <input type="checkbox"/>	
		SWIMMING POOL <input type="checkbox"/>	
Description of Work: _____			
Asbestos Survey: _____ YES _____ NO		www.dshs.texas.gov/asbestos	

Owner Information: _____		
Name: _____	Contact Person: _____	
Address: _____		
Phone Number: _____	Fax Number: _____	Mobile Number: _____

General Contractor	Contact Person	Phone Number	Contractor License Number

Demolition permits are good for 60 days from date of issuance.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved by: _____	Date approved: _____	
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Total Fees: _____
 Check # or Cash: _____
 Issued By: _____
 Issued Date: _____