



CITY OF MCALLEN

P.O. BOX 220 McALLEN, TEXAS 78505-0220

DEMOLITION/MOVING PERMIT APPLICATION

REV. 03/2011

PERMIT APPLICATION REFERENCE NUMBER _____

(Please type or print in black or blue ink)

APPLICANT

NAME _____ PHONE _____ - _____ - _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT: NAME: _____ PHONE _____ - _____ - _____

OWNER CONTRACTOR TENANT OTHER _____

Owner

NAME _____ PHONE _____ - _____ - _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MOVING DEMOLITION

BLDG SQ. FT. _____ SQ. FT. LOT _____ LOT FRONT _____ STRUCTURE VALUE \$ _____ .00

EXISTING USE _____ NEW USE _____

SEWER PLUG PERMIT# _____ PLUMBING CONTRACTOR _____

SEPTIC TANK APPROVAL BY: _____ ASBESTOS: REPORT LETTER NOT REQUIRED

PROJECT

FOR RESIDENTIAL USE ONLY NO. OF UNITS _____ NO BDRMS _____ NO BATHRMS _____ SQ. FT. NON-LIVING _____ SQ. FT. LIVING _____

LOT _____ BLOCK _____ SUBDIVISION _____

SITE ADDRESS ST. NO. _____ ST. NAME _____

CITY USE ONLY

ZONING _____ PERMIT FEE \$ _____ REC'D BY _____

DATE _____

TIME _____

PLAN REVIEW MO. _____ DAY _____ APPRL _____ WITH CHGS _____ DIS APPRL _____

The foregoing is a true and correct description of the improvement proposed by the undersigned applicant and the applicant states that he will have full authority over construction of same. The demolition/moving permit shall not be held to permit or be an approval of the violation or modification of any provisions of City ordinances, codes, subdivision restrictions of State law or be a waiver by the City of such violation. Alteration changes or deviations from the plans authorized by this permit is unlawful without written authorization from the Building Inspection Department. The applicant hereby agrees to comply with all City ordinances, codes, subdivision, restrictions and State laws and assume all responsibility for such compliance. **The Texas Department of Health requires that any public building be inspected for asbestos before major repairs, remodeling or demolition can begin.**

PRINT (AUTHORIZED AGENT/OWNER) SIGNATURE EMAIL ADDRESS (required) DATE