



The CITY OF PARIS

APPLICATION FOR DEMOLITION PERMIT

Permit Number: _____
Total Fee Due: _____

PROPERTY INFORMATION:

Address: _____

Lot: _____ Block: _____ Subdivision: _____ Current Zoning: _____

Is this property located on a corner lot? Yes No

Is this property located in a historic district? Yes No

If yes, COA Number: _____

OWNER/APPLICANT INFORMATION:

Owner/Applicant's Name: _____ Email: _____

Owner/Applicant's Address: _____ Phone: _____

CONTRACTOR INFORMATION:

Contractor: _____ Phone: _____

DESCRIPTION OF PROPOSED PROJECT:

Describe all work for which this application is submitted: _____

Date to Start Demolition: _____ Date to Complete Demolition: _____

DISPOSAL SITE OF DEBRIS: _____

LANDFILL RECEIPTS FOR MATERIALS DESOSITED THEREIN MUST BE RETURNED TO THE CITY IMMEDIATELY UPON COMPLETION OF THE PROJECT

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THE OWNER IS RESPONSIBLE FOR CONTAINMENT AND DISPOSAL OF ASBESTOS AND OTHER CONTAMINANTS IN ACCORDANCE WITH STATE OR FEDERAL REGULATIONS

ASBESTOS COMPLIANCE STATEMENT

Pursuant to Senate Bill 509 of the 77th Legislature of the State of Texas, I hereby certify that the above referenced building is in compliance with all aspects of the National Emissions Standards for Hazardous Air Pollutants and the Texas Asbestos Health Protection Act.

NOTICE TO APPLICANT:

I have carefully read the complete application/Asbestos Compliance Statement and know the same is true and correct. I hereby agree to comply with all provisions of local, state, and federal laws will be complied with, whether herein specified or not. I certify that I am the owner of the above property or his duly authorized agent.

Signed: _____ Address: _____

Print Name: _____ Phone Number: _____

Date: _____ Email: _____