



DEMOLITION/TREE REMOVAL PERMIT APPLICATION

PROPERTY INFORMATION	
Project Address:	Occupied: <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Name:	Phone#:
Owner Address:	

CONTRACTOR INFORMATION	
Contractor Name:	Phone#:
Contractor Address:	
Email:	

PROJECT INFORMATION	
Project Type: <input type="checkbox"/> Demolition & Tree Removal <input type="checkbox"/> Demolition Only <input type="checkbox"/> Tree Removal Only	
Property Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial (Commercial demolition requires an Asbestos Survey)	
Number of Trees on Property:	Number of Trees to be Removed:
Describe Scope of Work:	

PROPERTY OWNER/AGENT AUTHORIZATION		
** Commercial Property Sites Only: An asbestos survey has been conducted in accordance with the Texas Asbestos Health protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for areas being renovated and or demolished. The owner/operator of the renovation/demolition site must have this survey conducted before issuance of a demolition permit by the City of Jersey Village.		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Property Owner Consent/Agent Authorization: By my signature, I hereby affirm that I am the property owner of record, or if the applicant is an organization or business entity, that authorization has been granted to represent the owner, organization or business in this application. I certify that the preceding information is complete and accurate, and it is understood that I agree to the application being requested for this property. Additionally, my signature below indicates my awareness of the fee required at the time of the application submittal and any additional fees as noted in the City's fee schedule. This fee is non-refundable even in the event of application withdrawal. I have the power to authorize and hereby grant permission for City of Jersey Village officials to enter the property on official business as part of the application process.		
Signature of Contractor/Authorized Agent	Printed Name	Application Date

FOR OFFICE USE ONLY	
Demolition Permit Number#: _____	Date Submitted: _____
Approved By: _____	Date Approved: _____

NOTE: Only complete applications will be accepted at time of submission.