

2600 Roosevelt TEL. 817-274-7368 FAX 817-265-4401 www.cityofdwg.net

Owner's Authorization: This is to	certify that I,	hereby authorize
to apply for a demolition permit on my behalf to demolish and/or remove the improvements at:		
Street Number Street Ad	ddress City	State Zip
Owner's Signature: Owner's Phone#		
Owner's Address:		
Street Numbe	r Street Address City	State Zip
Contractor Information:		
Name:	Address:	City, Zip E-Mail:
Phone:	Fax: Asbestos Remova	
Senate Bill 509 requires municipalities to verify that an asbestos survey has been conducted prior to issuing permits for <u>public</u> or <u>commercial</u> buildings. Was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Pollutants (NESHAP)? Yes No Initials If answer is NO, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a demolition/renovation permit being issued by the City of Dalworthington Gardens.		
Structures to be removed:	being issued by the city o	
		Start Date:
Method of Demolition:		
Please Read Carefully		
 Contractor shall ensure an posts, underground equipr All material shall be hauled Disposal Site This permit becomes null a or if construction or work i commenced. Lot shall be I hereby certify that I have correct. All provisions of la authority to violate or candidate the performance of construction 	d is responsible for the re- nent/structures , fences, t and disposed of at an ap and void if work or constru- s suspended or abandone cleaned within 30 days of e read and examined this aws and ordinances gover cel the provisions of any o uction.	pproved off-site facility outside the city limits. Iction authorized is not commenced within 30 days d for a period of 30 days at any time after work is
Applicant's Signature	Applicant's Name	(Print) Date

Approved