

**VILLAGE OF SURFSIDE BEACH - BUILDING PERMIT APPLICATION -**

**Demolition**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED**

LEGAL OWNER NAME:
ADDRESS:
PHONE:
EMAIL:

AUTHORIZED APPLICANT (if different):
PHONE:
EMAIL:
<b>(AUTHORIZATION REQUIRED FROM LEGAL OWNER OF LOT)</b>

<b>BCAD GEOGRAPHIC ID:</b>
PHYSICAL ADDRESS:

FULL PROJECT SCOPE:

MORE SPACE ON BACK IF NEEDED.

**IMPORTANT NOTICES**

\*\* DURATION OF PROJECT: \_\_\_\_\_ MONTHS (PERMIT IS VOID AFTER SIX MONTHS IF PROJECT IS NOT STARTED) AND IS ONLY GOOD FOR TWO YEARS.

\*\* DURING THE ENTIRE DURATION OF THE PROJECT BY LOCAL ORDINANCE YOU ARE REQUIRED TO RETAIN A PORTABLE RESTROOM AND ROLL OFF, ALL MATERIAL AND DEBRIS IS TO BE CONTAINED.

**REQUIRED WITH APPLICATION:**

- Proof of ownership (May email to [cityhall@surfsidetx.org](mailto:cityhall@surfsidetx.org))
- Other requirements as specified by the Building Department, check with the Building Official if uncertain.
- Owner responsible for contacting the appropriate authorities to disconnect all utilities.

**Signature of Authorized Applicant: I understand that failing to follow all regulations can result in a HALT WORK ORDER as well as FINES AND CITATIONS:**

\_\_\_\_\_ Date: \_\_\_\_\_

**Signature of City Official:** \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION IS:	<b>APPROVED</b>	<b>DENIED</b>
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