



104 Main Street  
P.O Box 346  
Thrall, TX 76578  
(512) 898-5306

## DEMOLITION PERMIT

NAME OF OWNER OF STRUCTURE: \_\_\_\_\_  
ADDRESS OF OWNER: \_\_\_\_\_  
PHONE NUMBER OF OWNER: \_\_\_\_\_

NAME OF PERSON ORDERING DEMOLITION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

NAME OF COMPANY/PERSON PERFORMING DEMOLITION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

LOCATION (STREET ADDRESS AND LEGAL DESCRIPTION, IF APPLICABLE) OF STRUCTURE TO BE  
DEMOLISHED:  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR DEMOLITION: \_\_\_\_\_

PERSON TO CONTACT IN EMERGENCY: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

THE CITY OF THRALL REQUIRES FIVE (5) DAYS ADVANCE NOTICE PRIOR TO THE BEGINNING OF ANY  
DEMOLITION. THE APPLICABLE OFFICES WILL REVIEW THE SITE TO ENSURE THE SAFE DEMOLITION, AS  
WELL AS THE REMOVAL OF DEBRIS CREATED DURING THE DEMOLITION. THE FEE FOR THIS PERMIT IS  
SQUARE FEET X .0825: \$\_\_\_\_\_.

BY SIGNING BELOW, I HEREBY CERTIFY THAT ALL APPLICABLE LAWS, FEDERAL, STATE, AND LOCAL, SHALL  
BE OBSERVED DURING THE DEMOLITION OF THE STATED STRUCTURE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\*PLEASE READ COMPLETELY\*\*\***

1. ELECTIC SERVICE MUST BE DICONNECTED & UNHOOKED FROM THE STRUCTURE.
2. WATER SERVICE MUST BE TERMINATED BACK TO THE METER ON THE CUSTOMER SIDE.
3. SEWER SERVICE MUST BE TERMINATED (CAPPED) AT THE PROPERTY LINE.
4. ALL DEBRIS MUST BE CONTAINED DURING DEMOLITION AND THE DEMOLITION MUST BE CLEARED COMPLETELY.

**PLEASE CONFIRM EACH UTILITY WILL BE CLEARED FOR THE DEMOLITION PROCESS BY CHECKING THE BOXES BELOW.**

WATER:  YES     
 SEWER:  YES     
 GAS:  YES     
 ELECTRIC:  YES