



DEMOLITION PERMIT APPLICATION

BUILDING & COMMUNITY SERVICES

**Verification of Utilities being disconnected must be completed prior to issuance of a permit.*

DATE _____

PERMIT NO. _____

LEGAL DESCRIPTION OF PROPERTY

STREET ADDRESS _____

LOT _____ BLOCK _____ SUBDIVISION _____ PHASE _____

DESCRIPTION OF PROJECT

List all structures being removed/ demolished

Proposed Date of Activity

UTILITY PROVIDERS

Gas

___ Atmos
___ Other

Electrical

___ Oncor
___ HilCo
___ Other

Water

___ City
___ Rockett
___ Sardis-Lone Elm
___ Other

Sewer

___ City
___ Septic
___ Other

PERMIT APPLICANT INFORMATION

Contractor/ Applicant Name _____

Phone# _____

Address _____

Email: _____

Signature of Applicant _____

Date: _____

***If applicant is not property owner, then the property owner must sign the application.**

Owner Name _____

Phone# _____

Address _____

Email: _____

Signature of Owner _____

Date: _____

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