

City of Kyle  
Building Inspection Department  
100 W. Center Street  
P.O. Box 40  
Kyle, Texas 78640



Telephone Number: (512) 262-3911  
Fax Number: (512) 262-3915

Permit Number:  
OFFICE USE ONLY

## DEMOLITION PERMIT APPLICATION

*PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY*

### PART 1: PROPERTY OWNER INFORMATION

Building Site Address			
Subdivision/Development Site	Lot	Block	
Property Owner/Business Name			
Address of Property Owner	City	State	Zip
Contact Name			
( )		( )	
Contact Phone No.	Fax No.		
Contact Email Address			

### PART 2: CONTRACTOR INFORMATION

Contractor Business Name		
Contractor Business Address		
City	State	Zip
( )	( )	( )
Telephone No.	Fax No.	

### PART 3: TYPE OF STRUCTURE

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Single family     | <input type="checkbox"/> Store              | <input type="checkbox"/> Condominium         | <input type="checkbox"/> Bank             |
| <input type="checkbox"/> Hotel/Motel       | <input type="checkbox"/> Modular building   | <input type="checkbox"/> Service Station     | <input type="checkbox"/> Medical building |
| <input type="checkbox"/> Duplex            | <input type="checkbox"/> Church/Assembly    | <input type="checkbox"/> Apartment building  | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Restaurant        | <input type="checkbox"/> Townhouse          | <input type="checkbox"/> Storage building    |   |
| <input type="checkbox"/> Manufactured home | <input type="checkbox"/> Educational/School | <input type="checkbox"/> Professional office |   |

### PART 4: UTILITY COMPANY INFORMATION

Please note; Demolition Contractor is responsible for acquiring signatures from all affected utilities for this project, stating said utilities have in fact been dis-connected prior to the issuance of this permit.

Signature	Date
City of Kyle Water & Sewer Service: _____	_____
Pedernales Electric Co-Op: _____	_____
Center Point Gas: _____	_____
Telephone Co.: _____	_____
Cable Company: _____	_____

**PART 5: PROPERTY ZONED:** \_\_\_\_\_ (See back of application for a complete list of zoning options)

### DEMOLITIONS OF COMMERCIAL BUILDINGS-EFFECTIVE JANUARY 1, 2002

☐ I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished. ☐ **Does not apply**

### PART 6: CONDITIONS OF PERMIT

One (1) copies of asbestos abatement plan must be submitted by the Applicant. Work may not start until a permit has been issued pursuant to approval of this application. Permits so issued shall not be construed as authority to alter or set aside any building code requirement, nor shall such issuance of a permit prevent the Building Official from thereafter requiring correction of errors in plans or in construction, or of violations of building codes or zoning ordinance.

**PERMITS SHALL BECOME INVALID IF WORK IS NOT COMMENCED WITHIN SIX (6) MONTHS AFTER ISSUANCE, OR WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX (6) MONTHS OR LONGER AFTER WORK HAS COMMENCED.**

**INSPECTIONS ARE TO BE REQUESTED AS NEEDED DURING WORK. A FINAL INSPECTION MUST BE CONDUCTED AND COMPLETED FOR FINAL APPROVAL OF PROJECT.**

I hereby make application for a Demolition Permit for work as noted herein and as described by submitted plans and specifications.

Printed Name of Applicant: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## ZONING DISTRICTS:

Agricultural	A
Single Family Residential 1	R-1-1
Single Family Residential 2	R-1-2
Single Family Attached – Garden Home	R-1-A
Residential Townhouse	R-1-T
Residential Condominium	R-1-C
Residential Two Family – Duplex	R- 2
Multi-Family Residential 1	R-3-1
Multi-Family Residential 2	R-3-2
Manufactured Home	M-1
Manufactured Home Subdivision	M-2
Manufactured Home Park	M-3
Central Business District 1	CBD-1
Central Business District 2	CBD-2
Restricted Commercial	C-1
General Commercial	C-2
Planned Unit Development	PUD
Historic District	H
Recreational Vehicle Park District	RV

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### FOR OFFICE USE ONLY

Check all that apply and initial

☐ Conditional use overlay district permit application

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

Initials:\_\_\_\_\_

☐ Zoning district \_\_\_\_\_

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

Initials:\_\_\_\_\_

☐ Site development approval

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

Initials:\_\_\_\_\_

Verified by:\_\_\_\_\_ Date:\_\_\_\_\_

Building Official:\_\_\_\_\_ Date:\_\_\_\_\_