

# STRUCTURE REMOVAL PERMIT

Permit # \_\_\_\_\_

## Method of Removal

Demolition

Relocation



**Permit Fees:**

Residential \$20.00

Commercial \$50.00

1. Project Site Address: \_\_\_\_\_

2. Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

4. Property Owner or Contractor Email: \_\_\_\_\_

5. General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

7. Name of Mover: \_\_\_\_\_

8. Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

9. Planned Route: \_\_\_\_\_

I certify that I have read this application and state that the above information is correct, and that I as owner or contractor, do agree to comply with all City of Abilene adopted building codes related to the above project.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_