



COMMERCIAL DEMOLITION FORM

Property Owner _____
Address _____ City _____ State _____ Zip _____
Phone _____ Alternate Number _____

Project Address _____
City _____ State _____ Zip Code _____
Age of Building _____ Size (Sq. Ft.) _____ Number of Floors _____
Work will be done during: ___ Day ___ Evening ___ Night ___ Weekends Only

Demolition Contractor _____
Address _____ City _____ State _____ Zip _____
Phone _____ Alternate Number _____
(Must be registered with the City)

Has an asbestos survey been performed by a licensed TDH inspector that works for a licensed consulting firm? ___ Yes ___ No
If your answer is yes, stop. You will need to fill out a Texas Department of Health Demolition / Renovation Form. If your answer is no, proceed with this form.

Will you be using a waste transporter? ___ Yes ___ No
If your answer is yes, EISI has a contract with the City and you must use them.

If your answer is no, please fill out the information below:

Waste Disposal Site Name _____
Address _____ City _____ State _____ Zip _____
Phone _____

Prior to the demolition, the following companies need to be notified so service can be disconnected and meters pulled.

- _____ Electric Company
- _____ Gas Company (Or Propane)
- _____ Water Company
- _____ Company that provides Sewer Service (If on a septic tank – it will need to be tied off)

Description of planned demolition – method(s) to be used: _____

Applicant Signature _____ *Date* _____
After completing the form applicant will sign electronically and then save the form for their records. Then email the completed form to lmcpate@granbury.org.