



RESIDENTIAL 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)

Will you be using waste containers? ___ Yes ___ No
If your answer is yes, Progressive Waste Connections has a contract with the City and you must use them. You may contact them at (800)350-3024.

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 need to be notified so service can be disconnected and meters pulled.

- ___ City of Granbury for Electric & Water
- ___ Gas Company (Or Propane) TXU – Lone Star
- ___ Sewer line is required to be capped & flagged. Septic tanks filled & crushed.

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

_____	_____
<i>Applicant Signature</i>	<i>Date</i>
_____	_____
<i>Building Department Signature</i>	<i>Date</i>
_____	_____
<i>Zoning Department Signature</i>	<i>Date</i>