



CITY OF MCALLEN

P.O. BOX 220 McALLEN, TEXAS 78505-0220

(Please type or print in black or blue ink)

DEMOLITION/MOVING PERMIT APPLICATION

REV. 01/2023

PERMIT APPLICATION REFERENCE NUMBER _____

APPLICANT

NAME _____ PHONE _____ - _____ - _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT: NAME: _____ PHONE _____ - _____ - _____

OWNER CONTRACTOR TENANT OTHER _____

Owner

NAME _____ PHONE _____ - _____ - _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MOVING DEMOLITION

BLDG SQ. FT. _____ SQ. FT. LOT _____ LOT FRONT _____ STRUCTURE VALUE \$ _____ .00

EXISTING USE _____ NEW USE _____

SEWER PLUG PERMIT# _____ PLUMBING CONTRACTOR _____

SEPTIC TANK APPROVAL BY: _____ ASBESTOS: REPORT LETTER NOT REQUIRED

PROJECT

OTHER DETAILS _____

LOT _____ BLOCK _____ SUBDIVISION _____

SITE ADDRESS _____ ST. NO. _____ ST. NAME _____

CITY USE ONLY

ZONING _____ PERMIT FEE \$ _____ REC'D BY _____

DOUBLE FEE \$ _____ DATE _____

TIME _____

The foregoing is a true and correct description of the improvement proposed by the undersigned applicant and the applicant states that he will have full authority over construction of same. The demolition/moving permit shall not be held to permit or be an approval of the violation or modification of any provisions of City ordinances, codes, subdivision restrictions of State law or be a waiver by the City of such violation. Alteration changes or deviations from the plans authorized by this permit is unlawful without written authorization from the Building Inspection Department. The applicant hereby agrees to comply with all City ordinances, codes, subdivision, restrictions and State laws and assume all responsibility for such compliance. Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance or if the work authorized by such permit is suspended or abandoned for six months after the time of work is commenced. **The Texas Department of Health requires that any public building be inspected for asbestos before major repairs, remodeling or demolition can begin.**

PRINT (AUTHORIZED AGENT/OWNER) SIGNATURE EMAIL ADDRESS (required) DATE