



City Of Del Rio Permit Application for Demolition Fee: \$70.00

The following list of items must be satisfied prior to or within 30 days of the demolition of any structure in the City of Del Rio.

1. Complete the attached permit application, and provide the required information.
2. Only Commercial projects must submit Asbestos/Demolition Notification form to Texas Department of State Health Services. (Form may be found at www.dshs.state.tx.us).
3. Only commercial projects must satisfy the Texas Department of Health's requirements for asbestos. TDH Asbestos Programs Branch at 1-800-572-5548 or 512-834-6610. If you have any questions concerning asbestos-removal or notification, contact Texas Air Quality control board at 713-666-4946
4. The City of Del Rio Landfill required an asbestos and lead test report for all projects. Please provide a copy of the asbestos and lead test report with this application.
4. All electrical and natural gas utilities must be removed completely from the project site or made safe in a manner approved by the Building Official or his designee.
5. Sanitary sewer should be removed back to the City of Del Rio utility easement or right of way and shall be permanently capped below grade.
6. The water service shall be permanently capped below grade and should be removed to the private Property side of the water meter location.
7. Storm water tie-in connection to the City of Del Rio storm sewer should be removed or protected per directives of the Public Works Department.
8. Demolition shall include the removal of the slab and piers unless otherwise allowed by the City of Del Rio Building Official or designee.
9. Safety precautions must be taken during the demolition process.
10. Clean and remove all debris from the project site.
11. Provide letter from Mechanical contractor recovering any type of refrigeration gas.
12. Inspections required: Removal of all utilities from structure, and Final inspection at completion of Project. Please contact our office at (830) 774-8553/8531 to request inspections.

DATE: _____

LOG# _____

PROJECT ADDRESS: _____

PLEASE CHECK \checkmark ALL THAT APPLY

RESIDENTIAL: _____ COMMERCIAL: _____

STORAGE TANK: _____ ACCESSORY STRUCTURE: _____

OTHER: _____

CONSTRUCTION TYPE: _____
(METAL, MASONRY, WOOD, ETC.)

WILL FOUNDATION BE REMOVED: YES NO

BUILDING OWNER INFORMATION

NAME OF OWNER: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

CONTRACTOR INFORMATION

NAME OF DEMOLITION CONTRACTOR: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

----- AREA OF DISPOSAL INFORMATION -----

ARE MATERIALS GOING TO BE DISPOSED AT THE CITY OF DEL RIO LANDFILL?

Yes *No

NOTE: THE CITY OF DEL RIO LANDFILL REQUIRES AN ASBESTOS AND LEAD TEST REPORT FOR ALL PROJECTS, PLEASE PROVIDE A COPY.

***IF NO, PLEASE PROVIDE THE FOLLOWING INFORMATION**

LOCATION WHERE DEBRIS WILL BE DISPOSED: _____

NAME OF PROPERTY OWNER: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

PROVIDE PROOF OF OWNERSHIP AND IF APPLICABLE A NOTARIZED LETTER FROM OWNER GIVING AUTHORIZED AGENT PERMISSION TO DEMO.

I _____, AS OWNER OR AS AGENT OF THE OWNER, CERTIFY THAT I HAVE REVIEWED ALL THE COVENANTS AND RESTRICTIONS APPLICABLE TO THE PROVISIONS OF THE NOTICE OF APPLICANT.

SIGNATURE OF

OWNER/APPLICANT: _____ DATE: _____

I hereby certify that I am an authorized agent of the owner, and have the owner's consent to enter the property to complete the work. After close review of this application, I further certify that all the information provided is true and correct to my knowledge.

City of Del Rio, Code Compliance Department, 109 W. Broadway (mailing address) 114 W. Martin (Street Address)
Tel: (830) 774-8553 Fax: (830)703-5305, Web site at www.cityofdelrio.com

-----For office use only -----

Approvals must be obtained from the following

City of Del Rio Landfill

1897 Railway Road

Del Rio, TX 78840

Ph: (830) 703-5320

Hours

Monday – Friday 6:00 am - 5:00 pm

Saturday - 6:00 am - 2:00 pm

approved denied

Supervisor: _____ Date: _____

Notes: _____

Val Verde County Health Department

400 Pecan Street

3rd Floor

Del Rio, Texas 78840

830-774-7570 Telephone

830-774-7642 Fax

approved denied

Health Inspector: _____ Date: _____

Notes: _____

City of Del Rio Code Compliance Department

114 W. Martin St.

Del Rio, TX 78840

Ph: (830) 774-8601

Fax: (830) 703-5305

Hours

Monday – Friday 8:00 am - 5:00 pm

approved denied

Building Official: _____ Date: _____

Notes: _____