

CITY OF SNYDER

DEMOLITION & MOVING PERMIT APPLICATION

PHYSICAL: 1925 24TH Street Snyder, Texas 79549 / MAILING: PO Box # 1341 Snyder, Texas 79550 / PHONE: (325) 573-4959

OWNER INFORMATION		
OWNER'S NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE #:	EMAIL:	

PROJECT INFORMATION					
APPLICATION DATE:			TDLR EAB PROJECT #:		
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> INDUSTRIAL		
<input type="checkbox"/> DEMO			<input type="checkbox"/> MOVING		
<input type="checkbox"/> PRIMARY STRUCTURE	<input type="checkbox"/> MANUF HOME	<input type="checkbox"/> ACCY BLD	<input type="checkbox"/> CARPORT	<input type="checkbox"/> PATIO COVER	<input type="checkbox"/> POOL/SPA
OTHER (SPECIFY):					
BRIEF DESC. OF PROPOSED WORK:					

PROPERTY INFORMATION						
CONSTRUCTION SITE ADDRESS:						
PROP ID #:	LOT:	BLOCK:	SUBDIVISION:			
HOMESTEAD EXEMPTION: <input type="checkbox"/> YES <input type="checkbox"/> NO						
ZONING:	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> C-1	<input type="checkbox"/> C-2	<input type="checkbox"/> M-1 <input type="checkbox"/> M-2
Does the lot/site lie within a current designated FEMA Flood Hazard Area? : <input type="checkbox"/> YES <input type="checkbox"/> NO						
Does the lot/site lie within a designated Fire Zone? : <input type="checkbox"/> YES <input type="checkbox"/> NO						

REQUIRED INFORMATION		
Project Value: \$	Heated/Cooled Sq. Ft.:	Total Sq. Ft.:
I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished. *Does not apply, please check box. <input type="checkbox"/>		
Applicant Signature:		Date:

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COMMERCIAL PROJECT INFORMATION (check as applicable)									
OCCUPANCY CLASS GROUPS (check as applicable)									
A - Assembly: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A-1 A-2 A-3 A-4 A-5					B - Business: <input type="checkbox"/> B		E - Educational: <input type="checkbox"/> E		
F - Factory: <input type="checkbox"/> <input type="checkbox"/> F-1 F-2			H - High Hazard: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> H-1 H-2 H-3 H-4 H-5						
I - Institutional: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I-1 I-2 I-3 I-4				M - Mercantile: <input type="checkbox"/> M		R - Residential: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> R-1 R-2 R-3 R-4			
S - Storage: <input type="checkbox"/> <input type="checkbox"/> S-1 S-2			U - Utility & Miscellaneous: <input type="checkbox"/> U			Special Use (describe):			
CONSTRUCTION TYPE (check as applicable)									
Type I: <input type="checkbox"/> <input type="checkbox"/> I-A I-B		Type II: <input type="checkbox"/> <input type="checkbox"/> II-A II-B		Type III: <input type="checkbox"/> <input type="checkbox"/> III-A III-B		Type IV: <input type="checkbox"/> IV-HT		Type V: <input type="checkbox"/> <input type="checkbox"/> V-A V-B	
USE DESCRIPTION (Example: residence, Day Care, Physician, Restaurant, Church, Bank, Hotel, etc.)									
Use Description:									
Occupancy Load:					Fire Sprinkled: <input type="checkbox"/> <input type="checkbox"/> YES NO				

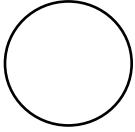
CONTRACTOR INFORMATION		
GENERAL:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE #:	EMAIL:	
ELECTRICAL:		
ADDRESS:		STATE LIC NUMBER:
CITY:	STATE:	ZIP:
PHONE #:	EMAIL:	
PLUMBING:		
ADDRESS:		STATE LIC NUMBER:
CITY:	STATE:	ZIP:
PHONE #:	EMAIL:	
MECHANICAL:		
ADDRESS:		STATE LIC NUMBER:
CITY:	STATE:	ZIP:
PHONE #:	EMAIL:	

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SITE / PLOT PLAN

Indicate North



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NOTICE

Work may not start until a permit has been issued pursuant to approval of this application. Permits so issued shall not be construed as authority to alter or set aside any building code requirement, nor shall such issuance of a permit prevent the Building Official from therefore requiring correction of errors in plans or in construction, or of violations of building codes or ordinances.

Permit shall become invalid if work is not commenced within six (6) months after issuance, or work authorized by such permit is suspended or abandoned for a period of six (6) months or longer after work has commenced.

Inspections are to be requested as needed during work. A final inspection must be done, and a certificate of occupancy issued before a building or structure is occupied.

Signature of Contractor or Authorized Agent:

Date:

Signature of Owner (if owner is builder):

Date:

OFFICE USE ONLY

☐

Approved

☐

Disapproved

By:

Date:

Comments: