



Permit Number

# APPLICATION

## DEMOLITION PERMIT

### Requirements

Your application **will not be accepted** if any of the below items are missing or incomplete. Incomplete applications will be returned and any paid fees are nonrefundable. Applications are processed within ten business days. To check the status of a permit, please email [permits@cityofkennedale.com](mailto:permits@cityofkennedale.com) and include the property address and permit type.

- Contractor registered with Kennedale – Check registration status by emailing [permits@cityofkennedale.com](mailto:permits@cityofkennedale.com)
- Asbestos Survey Acknowledgment Statement
- Completed, **legible**, signed application form

### Applicant Information *(Serves as primary contact for this permit)*

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

### Owner Information

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

### Project Information

Property Address: \_\_\_\_\_

Remove (move from lot)     Demolish    Scope of Work: \_\_\_\_\_

### Contractor Information

Contractor Name: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_ Contractor Email: \_\_\_\_\_

### Applicant Agreement

*By signing below, I acknowledge that I have read and completed all applicable requirements. I understand that if I have submitted an incomplete or false application, my application may be rejected and that the fee is nonrefundable.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_