

The City of
Blanchard
COMMUNITY DEVELOPMENT
SERVICES

**Demolition Permit
Application**

Permit No. _____

OFFICE USE ONLY

Cash ☐
Check ☐
Received \$ _____
Date: _____
Receipt No. _____

Project Address:

Legal Description	Lot #	Block #	Subdivision: (if un-platted, need copy of warranty deed)
-------------------	-------	---------	---

Owner of Property: _____
Name _____ Phone # _____

Mailing Address: _____
Street # _____ City _____ State _____ Zip _____

Contractor/Applicant: _____
Name _____ Phone # _____

Mailing Address: _____
Street # _____ City _____ State _____ Zip _____

Existing Use of Property: ☐ Residential
☐ Commercial ☐ Industrial ☐ Other ☐ Demolition ☐ Removal

Utilities	<input type="checkbox"/> PSO Release	<input type="checkbox"/> Blanchard Water Release	<input type="checkbox"/> PTS
	<input type="checkbox"/> ONG Release	<input type="checkbox"/> Blanchard Sewer Release	<input type="checkbox"/> Pioneer Cable
	<input type="checkbox"/> Septic System	<input type="checkbox"/> Water Well	<input type="checkbox"/> Letter of Authorization from Property Owner

If permit is for removal of structure, please enclose releases from utility companies and notarized release from property owner with this application.

PLEASE GIVE DEBRIS DISPOSAL LOCATION: _____

Printed Name: _____ **By:** _____

Date: _____

Do Not Write below This Line Office Use Only

**Remarks: Will
Print on Permit**

APPROVED _____ 20____

DENIED _____ 20____

REASON: _____ BY _____