

APPLICATION FOR DANGEROUS BUILDING COMPLIANCE INSPECTION

Once a building has been declared a Dangerous Building according to Chapter 10 of the City Code of Ordinances and has been required to be repaired by a Hearing Order, the owner must make application to the Building Official for inspection and pay the required inspection fee. After the inspection has been made, a list of corrections that must be resolved will be provided. The next step is to obtain a construction permit to make those repairs. Separate permits, fees and inspections are required to make the corrections. When all the corrections have been made and evidenced by approved inspections, a Certificate of Compliance will be issued.

APPLICANT INFORMATION										
Applicant Name: Date:										
Phone Number: Email Address (if applicable):										
Relationship to the property:		☐ Owner	er Owner's Agent		Contractor					
Mailing Address If Different Than Below	Address									
PROJECT INFORMATION										
Hearing Order: [Demolition	Repair	Building Type:	☐ Commercial [Residential	☐ Multi-Family				
Project Address:										
Building No. (If Applicable): Zip Code: Total No. of Floors:										
Number of Units (Apartment Building): Square Feet										
Applicant Signature: I hereby declare the above information is correct										
FEE SCHEDULE										
Inspection fee				\$308.78	OFFICE	USE ONLY				
Admin Fee				\$32.16	Processed by:					
Demolition Fee First Floor\$90.06						Date:				
Demolition Fee Each Add										
Certificate of Compliance\$90.06						Project No.:				





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State of Texas	8 8 A	ffidavit and Acknowl	d Acknowledgement for Permit				
County of Harris	9 § A §		ougomont	101 1 0111111			
Initial (1) or (2) as ap	plicable) :					
1 I am the owner o of said property authoriz		l property to which this permake this affidavit.	nit application	pertains, or one o	f the owners		
	_	ent of the owner or owners been authorized by the own			•		
any permit issued hereu	under sha ed by the	agree that (1) if any statemorall be void with the same for each City Building Official to renulation and expense.	ce and effect a	as if it had never	been issued		
APPLICANT SIGNATUR	RE		_				
APPLICANT PRINTED I	NAME		_				
ADDRESS			_				
VERIFIED TEXAS DRIV	/ERS LIC	CENSE OR I.D. NUMBER	YES	NO			
		me, the undersigned authori my hand and seal of office.	ty on the	_ day of	,		
NOTARY PUBLIC IN AN	ND FOR	THE STATE OF TEXAS		(SEAL)			
MY COMMISSION EXP	IRFS						

832.394.8840



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