



## Affidavit for Demolition of Structures

I, \_\_\_\_\_, the applicant for a City of Dickinson Permit, hereby certify that the proposed structure for demolition is

- This building is single-family residence or a duplex.
- This building is an apartment building of four units or less.
- This building is an apartment building for more than four units.\*
- This building is commercial property.\*

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

Legal Description: \_\_\_\_\_

I certify that I have notified all utility companies of my intentions to demolish the above described structure.

I certify that the above described structure is in such a deteriorated condition that it's are a public nuisance which can negatively affect surrounding property values and poses a threat to the health, safety, and welfare of the public.

I agree that all debris from the above described property will be clean and grade the lot and disposed of properly.

I certify that if it is determined that asbestos is found in the structure, the City of Dickinson Building Department will be notified, and all requirements concerning asbestos abatement outlined in the Texas Department of State Health Services will be strictly followed.

I certify that all information provided to the City herein is true and complete to the best of my knowledge. I understand that providing false information or providing false statements is grounds for denial of this request and may result in criminal penalties and that I will provide all necessary information and documentation to expedite this process/request.

**I THE UNDERSIGNED AGREE TO AND SHALL INDEMNIFY AND HOLD HARMLESS THE CITY OF DICKINSON, ITS PUBLIC OFFICIALS, OFFICERS, AGENTS AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DEMANDS, JUDGMENTS AND CAUSES OF ACTION OF EVERY KIND AND CHARACTER INCLUDING REASONABLE ATTORNEY FEES, COSTS AND EXPERT FEES, WHICH MAY BE ASSERTED BY ANY THIRD PARTY OCCURRING OR IN ANY WAY INCIDENT TO, ARISING OUT OF, OR IN CONNECTION WITH THE SERVICES AND WORK TO BE PERFORMED. THE CITY OF DICKINSON DOES NOT WAIVE ITS GOVERNMENTAL IMMUNITY, THE LIMITATIONS AS TO DAMAGES CONTAINED IN THE TEXAS TORT CLAIMS ACT OR CONSENT TO SUIT.**

\_\_\_\_\_  
Signature of person responsible for demolition

\_\_\_\_\_  
Print Name of person responsible for demolition

**STATE OF TEXAS  
COUNTY OF GALVESTON**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did  or did not  take an oath.

\_\_\_\_\_  
Notary Public Signature

(SEAL)



# Owner's Affidavit for Demolition of Structures

I, \_\_\_\_\_, the legal property owner of the below described property, I have personal knowledge of the facts stated in this Affidavit and agree to the release of liability as provided herein.

I certify that I am the owner of real property and improvements in property described below, and I have complete knowledge of the structure(s) to be demolished, for which I am the legal property owner.

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

Legal Description: \_\_\_\_\_

I hereby request \_\_\_\_\_ to demolish the above described structure and the improvements on said property.

I hereby consent to the demolition of the property mentioned above and I hereby certify that all information provided to the City of Dickinson is true and complete to the best of my knowledge. I understand that providing false information or providing false statements may result in criminal penalties.

I agree that under no account will the City of Dickinson be liable to the undersigned for any damage to the improvements or to personal property located therein, or trees and shrubs located on said Property, if the City of Dickinson grants this request and the improvement(s) are demolished.

\_\_\_\_\_  
Signature of legal property owner

\_\_\_\_\_  
Print Name of legal property owner

## STATE OF TEXAS COUNTY OF GALVESTON

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did  or did not  take an oath.

\_\_\_\_\_  
Notary Public Signature

(SEAL)