



DEVELOPMENT SERVICES

Demolition Contractor Registration Application

This registration is for an individual who will be performing demolition work.

To apply online please visit our online [portal](#).

☒ New Registration ☐ Renewal

Contact Information:

Applicant Name: ANIL MOMIN Phone: 832-276-6144

Home Address: 3815 STABLES COURSE DRIVE City: RICHMOND

State: TX Zip Code: 77407 Email: ANIL@ANILMOMINCONSTRUCTION.COM

Company Name: ANIL MOMIN CONSTRUCTION, LLC Phone: 832-276-6144

Company Address: 3815 STABLES COURSE DRIVE City: RICHMOND

State: TX Zip Code: 77407 Email: ANIL@ANILMOMINCONSTRUCTION.COM

Type of Work: ☒ Residential ☒ Commercial

Registration Details:

- License is valid for 2 years from date of issuance.
- Fee for new registration is \$85 + Processing Charge. Fee for renewals is \$35 + Processing Charge.
- A contractor may establish delegates to perform actions in their place in the online portal. Initial registration and renewals cannot be performed by delegates.

Insurance & Bond Requirements: Applicants are required to obtain and maintain the following insurance and bond types in the minimum.

- **Automobile Liability Insurance** - \$100,000 (personal injury per person), \$300,000 (per accident), and \$50,000 (property damage per accident)
- **Public Liability (Bodily Injury)** - \$300,000 (per occurrence)
- **Public Liability (Property Damage)** - \$100,000 (per accident) and \$200,000 (aggregate)
- The certificate of insurance must list The City of San Antonio as the certificate holder in the following format:
 - **The City of San Antonio, 1901 S Alamo St., San Antonio, TX 78204**
- **Bond** - \$5,000. Must be signed by both bond company and applicant and have valid power of attorney seal.

For more information on Demolition Contractor registration, visit the City Code of Ordinances, [Ch. 10](#), [Sec. 119](#).

Applicant's Signature: _____ Date: _____

Submission Checklist:

Completed Application	Government Issued Photo ID	Certificate of Insurance	Bond
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Date Received: ____ / ____ / ____

DSD Representative: _____