## How do I add my home/business to the Destroyed Structures List?

If the structure was a habitable residence or commercial business submit a <u>REQUEST FOR INCLUSION</u> form –or the information shown below, to Bastrop County at 806 Water Street, Bastrop, Texas 78602.

A signed *and notarized* document –printed in ink, which includes:

- 1) Your name, identification #, mailing address, and daytime telephone number (e-mail address optional)
- 2) Destroyed structure's address<sup>2</sup>
- 3) Relationship to the destroyed structure (owner or occupant)
- 4) Destroyed structure type (residential or commercial)
- 5) Destroyed structure classification (concrete (reinforced), insulated concrete form, light gauge metal, manufactured housing, masonry (reinforced), masonry (unreinforced/plain), metal building, mobile home, shear walls, tilt-up (concrete pre-cast), or wood frame)
- 6) Destroyed structure habitable area (square feet or dimension)
- 7) Bastrop Central Appraisal District property identification number and legal description
- 8) Date the destroyed structure was built or placed on the property and became habitable
- 9) The following statement: "I hereby request that the destroyed structure referenced in this document be included on the Bastrop County Destroyed Structures List. I declare under penalty of perjury that structure referenced in this document was destroyed by the Bastrop Complex fire. I hereby certify under penalty of perjury that the information provided on this document and all attached pages are true, correct and complete."
- 10) Documentation Provide two of the following documents (must include the destroyed structure's address<sup>2</sup>):
  - a) Driver's license (residential documentation only)
  - b) Voter registration card (residential documentation only)
  - c) W-2 (residential documentation only)
  - d) Utility bill (water, electric or phone) –within 3 months prior to the fire
  - e) Insurance policy (homeowner, renter, commercial or business property)
  - f) Lease agreement or recent rent payment receipt –within 3 months prior to the fire
  - g) DECLARATION OF OCCUPANCY from the owner –printed in ink, sign, and notarized, which includes:
    - (i) Owner(s) name, mailing address and daytime phone number (e-mail address optional)
    - (ii) Tenant(s) name, mailing address and daytime phone number (e-mail address optional)
    - (iii) Destroyed structure's classification and address<sup>2</sup>
    - (iv) Date of occupancy
    - (v) The following statement: "I hereby declare under penalty of perjury that (<u>insert tenant's name</u>) occupied (<u>insert destroyed structure's address</u><sup>2</sup>) since (<u>insert date of occupancy</u>). I hereby certify under penalty of perjury that the information on this document is true, correct and complete."
- 11) Additional information or documentation may be necessary to substantiate the claim.

<sup>&</sup>lt;sup>1</sup> Habitable means the structure is safe and can be occupied in reasonable comfort. It should be closed against the weather, have heating and electricity, potable and hot water supplied through proper fixtures connected to acceptable plumbing and sewage systems, operational bathroom and toilet facilities.

<sup>&</sup>lt;sup>2</sup> Complete physical address assigned by the local government agency (address #, street name, bldg/apt/unit #, city and zip code).

## BASTROP COMPLEX FIRE - DESTROYED STRUCTURES LIST

## REQUEST FOR INCLUSION

Name:				ID#:			
First Name	MI	Last Name	Suffix	S	State Issued Driver's License or ID #		
Mailing Address:	s # Street Name	Bldg/ Apt/Unit#		City	State	Zip Code	
Daytime Telephone Nun		Bidg/ Apt/Offit#		City	State	Zip Code	
Daytime Telephone Num		Phone Number, Ext.	e-mail: e-	mail Address			
Destroyed Structure's Ac As assigned by the local go			g/ Apt/Unit#	Cit	у	Zip Code	
Relationship to the Destr Destroyed Structure Clas Destroyed Structure Typ	ssification (check	one):	Owner Residential	Occup Comm	ercial	ight Gauge Metal	
	red Housing		orced Maso		forced/Plain 🔲 M	letal Building  ood Frame	
Destroyed Structure Hab	itable Area:	squa	are feet -or-		feet by	feet	
Bastrop CAD Property I	D and Legal Des	scription:					
Date the destroyed struct	ure was built or	placed on the p	roperty AND be	came habit	table:		
Documentation –Attach  Driver's license (resistration case)  W-2 (residential document)  Utility bill (water, element)  Insurance policy (house agreement or case)  Declaration of Other case)  Owner(s) name,  Tenant(s) name,  Destroyed structure  Date of occupance  The following structure constructure of cocupance case of cocupance cas	idential document (residential documentation only lectric or phone) omeowner, renterecent rent payn CCUPANCY from mailing address mailing address ure's classification attement: "I here is structure's add	ntation only) locumentation of y) -within 3 monor, commercial of nent receipt—wi the owner—pri and daytime ph and daytime ph on and address <sup>2</sup> bby declare under ress <sup>2</sup> ) since (ins	ths prior to the f r business prope thin 3 months pa nted in ink, sign one number (e-range) one number (e-range) er penalty of per ert date of occup	ire erty) rior to the f , <u>and notar</u> mail addres mail addres jury that <u>(ii</u> <u>pancy)</u> . I h	ire  i <u>zed</u> , which inclus optional)  is optional)  insert tenant's nancereby certify und	des: <u>ne)</u> occupied	
I hereby request that the Destroyed Structures Lidestroyed by the Bastrophis document and all attractions.	st. I declare ur p Complex fire.	nder penalty of I hereby certify	perjury that they under penalty	structure	referenced in thi	s document was	
Signature				Da	te		
		Δckno	wledgment				
STATE OF TEXAS COUNTY OF BASTROP	§ §	Ackiic	owiedginein				
This instrument was acknown	wledged before me	e on the da	y of	, 20	_ by		
			otary Public, State otary's Name (prir				
		No	otary's Commission	on expires:			

## **DECLARATION OF OCCUPANCY**

Owner Information						
Name:						
Name: First Name	ame MI		Last Name			
Business Name:						
Business Name:  Business Name	ne, if applicable					
Mailing Address:						
Mailing Address:	Street Name Bldg/ Apt/Un	nit#	City	State	Zip Code	
Davtime Telephone Number	:	e-ma	il Address:			
Daytime Telephone Number	Telephone Number with Ar	ea Code	e-ma	il Address (Optional)		
Tenant Information						
Name:						
Name: First Name	MI		Last Name		Suffix	
Business Name: Business Nam						
Business Nam	ne, if applicable					
Mailing Address:						
Mailing Address:	Street Name Bldg/ Apt/Un	nit#	City	State	Zip Code	
Daytime Telephone Number	:	e-ma	il address:			
J I	Telephone Number with Ar	ea Code	e-ma	il Address (Optional)		
	_					
Structure Information (chec	ck one): Resid	ential	☐ Commercial			
Complete Physical Address (as a	assigned by the local gove	ernment agency):	Address # Street	Name Bldg/ Apt/Unit#	City Zip Code	
Occupancy Date: From:	D-4	- V	_ To:	D-4-	V	
Mo	ontn Date	e year	Month	Date	Year	
I hereby declare under nenali	ty of periury that					
I hereby declare under penal	Tena	nt's Name				
occupied Structure's address, a						
			Street Name Bldg/	Apt/Unit# City Zip Coo	de	
from:Month Date Year	to:	t- V	<u>_</u> ·			
I hereby certify under penalty	y of perjury that the int	formation on th	is document is tr	rue, correct and comp	lete.	
Owner's Signature				ate		
		Acknowledgment				
STATE OF TEXAS COUNTY OF BASTROP	§ §					
	-					
This instrument was acknowled	ged before me on the	day of	, 20	_ by		
			, State of Texas			
		Notary's Nam	e (printed):			
		notary s Com	mission expires:_			