



# DEMOLITION PERMIT APPLICATION

**JOB ADDRESS:** \_\_\_\_\_ **PERMIT #** \_\_\_\_\_

*\*Pursuant to F.S. 553.721 & F.S. 468.631, a surcharge fee will be collected on any permit regulated under the FBC\**

Please indicate the date for all utility accounts and services to be terminated? \_\_\_\_\_

Please indicate use of existing structure:  Residential  Commercial

Total Number of structures to be demolished? \_\_\_\_\_ Keeping water meter? (Y/N) \_\_\_\_\_

Brief description of all structure(s) to be demolished: \_\_\_\_\_

### Utility Account Holder Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**I certify that the utility accounts for this address are in my name and that I can request that they be terminated.**

Account Holder Signature \_\_\_\_\_

Print Name \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Acknowledged before me by means of  physical presence or  online notarization by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature  
(Affix Notary Seal Below) \_\_\_\_\_  
(Print or Type Commissioned Name Above)

### Property Owner Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Owner Signature \_\_\_\_\_

Print Name \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Acknowledged before me by means of  physical presence or  online notarization by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature  
(Affix Notary Seal Below) \_\_\_\_\_  
(Print or Type Commissioned Name Above)

### Contractor Information:

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Qualifier: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

FL DBPR or County Specialty License No. \_\_\_\_\_

Contractor Signature \_\_\_\_\_

Print Name \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Acknowledged before me by means of  physical presence or  online notarization by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature  
(Affix Notary Seal Below) \_\_\_\_\_  
(Print or Type Commissioned Name Above)

Permits become null and void if authorized demolition is not commenced within six months. I hereby certify that I have read this application and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified or not. The permit does not give authority to violate the provisions of any other state or local law regulating construction or the performance of construction.

### ASBESTOS DEMOLITION/REMOVAL NOTIFICATION

Pursuant to Florida Statutes, it is the owner's or operator's responsibility to comply with the provisions of F.S. 469 and to notify the Department of Environmental Protection, Northeast District, located 8800 Baymeadows Way, Suite 100, Jacksonville, FL 32256 (904)256-1566 at least (10) working days prior to his or her intentions to remove asbestos, when applicable, in accordance with State and Federal Laws.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: *Under penalty of perjury, I declare that all the information contained in this permit application is true and correct.*