



DEMOLITION PERMIT APPLICATION

NON-REFUNDABLE APPLICATION FEES DUE AT TIME OF SUBMITTAL / APPLICATIONS IN PENCIL WILL NOT BE ACCEPTED

EFFECTIVE CODE IS 2010 FBC

CHECK ONE: RESIDENTIAL_____

COMMERCIAL_____

RSN #_____

REFERENCE #_____

Property Information

Tax Parcel Number (Short) _____ - _____ - _____ Long Parcel Number _____

Owner/Leaseholder's Name _____ Day Phone #: _____

Address _____ Cell Phone #: _____

City _____ State _____ Zip _____ Fax #: _____

E-Mail Address _____

Fee Simple Titleholder (If other than owner) _____ Address _____

City _____ State _____ Zip _____

JOB SITE ADDRESS: _____

City _____ County _____ Zip _____

TYPE OF BUILDING OR STRUCTURE TO BE DEMOLISHED: ☐ Frame ☐ Concrete Block ☐ Steel ☐ Other _____

Value of Work: \$ _____ .00 No. of Buildings/Structures _____ No. of Stories _____ No. of Units _____

Previous use of Building(s) _____ Impervious Area Remaining (sq ft) _____

Proposed use of site _____ Date to be developed _____

Asbestos Notification Statement: Refer to Florida Statutes 469 which provides licensing, training and surveying requirements for asbestos abatement. Please contact the Florida Department of Environmental Protection at 407-893- 3333 for information on Chapter 62-297 F.A.C. which provides requirements for demolition and asbestos renovation.

CONTRACTOR CHECK HERE IF OWNER CONTRACTOR ON OWNER'S PROPERTY FOR OWN USE _____

Name of License Holder _____ License # _____

Company Name _____ Phone #: _____

Address _____ Mobile #: _____

E-Mail Address for business use _____ Fax #: _____

DEMOLITION CONTRACTOR (If applicable): Card Holder's Name _____ License # _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. **OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. ** I hereby declare that all information contained in this building permit application is true and correct**

Signature of Applicant _____ Date _____

Check one: _____ Owner/Builder (*Must personally appear in office & sign*) _____ Contractor or Authorized Agent (*Agent must submit site specific agent letter*)

STATE OF FLORIDA

COUNTY OF _____

Affirmed and subscribed before me this _____ day of _____ 20____ by _____

Personally known _____ or Produced Identification _____

Type of Identification Produced _____

Signature of Notary Public State of Florida

Seal:

Print, Type or Stamp Name of Notary

Worksheet on back must be filled out completely

DEMOLITION WORKSHEET (PLEASE TYPE OR PRINT CLEARLY)

TIED/RELATED PERMIT NUMBERS: Well on Property? Yes_____ No_____ Well to be abandoned? Yes_____ No_____

Well used for irrigation? Yes_____ No_____ Well Abandonment Permit #_____

Septic Tank on Property? Yes_____ No_____ Septic tank to be abandoned? Yes_____ No_____

Septic Tank abandonment Permit #_____

The standard method of notification is by e-mail, when available

Preferred Pick up location: Daytona Beach_____ DeLand_____

Directions to Property (Physical Location):_____

GATE CODE_____