



# 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

How many structures are being demolished from the property? \_\_\_\_\_

Keeping water meter? (Y/N) \_\_\_\_\_

Provide a brief description of the structure (s): \_\_\_\_\_

**Utility Account Holder Information for above address: (Please note if more than one tenant resides at the above address with a utility services account, you will need to fill out an additional application for each tenant)**

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.**

**Signature of Utility Account Holder:** \_\_\_\_\_

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

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification.

(Affix Notary Seal Below)

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

**Property Owner Information:**

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

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

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

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

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

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

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Contractor Information:**

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

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

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

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

FL Certification # or Business Tax Receipt # \_\_\_\_\_

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

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

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature (Affix Notary Seal Below)

Print or Type Commissioned Name

Personally Known/ OR Identification Type \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature (Affix Notary Seal Below)

Print or Type Commissioned Name

Personally Known/ OR Identification Type \_\_\_\_\_

Permit becomes void if work is not completed during the six month period. 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 regulation construction or the performance of construction.