



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.