

APPLICATION FOR DEMOLITION PERMIT HIGHLANDS COUNTY, FLORIDA

Table 1 Owner/Contractor Information

Owner: _____ Demolition Contractor: _____
Address: _____ Address: _____
City, State, ZIP: _____ City, State, ZIP: _____
Phone: _____ Phone: _____

Job Address: _____ Valuation: _____
Type of structure: _____ Number of Structures Involved: _____
If Residence: Setbacks: Front: _____ Rear: _____ Corner: _____ Sides: _____
Living Area: _____ Non-Living Area: _____
Total Combined Area: _____

STATE ASBESTOS NOTIFICATION REQUIRED: Prior to the removal of asbestos products or the demolition of a structure, Federal and State laws require the permittee (either the owner or contractor) to submit a Notice of Intended work to the State Department of Environmental Protection. For more information contact DEP at 239-344-5600.

PRIOR TO STARTING DEMOLITION: GAS MUST BE DISCONNECTED, ELECTRICAL SERVICES MUST BE DISCONNECTED, WATER SERVICES MUST BE CUT AND CAPPED AT THE CUSTOMER SIDE OF THE METER BOX, THE SANITARY SEWER LATERAL MUST BE CAPPED, CONTACT SUNSHINE 811 (1-800-432-4770) TO OBTAIN A LOCATE TICKET.

811 TICKET # _____ SEPTIC ABANDONMENT PERMIT # _____

GAS APPROVAL: _____ ELECTRICAL APPROVAL: _____

UTILITIES APPROVAL: _____ SEWER: _____ WATER: _____

NOTE: THESE PERMITS BECOME NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN SIX MONTHS, OR IF CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

HEREBY ACKNOWLEDGE THE ABOVE INFORMATION IS CORRECT AND SAID WORK AND USE WILL BE IN CONFORMANCE WITH HIGHLANDS COUNTY CODES AND REGULATIONS.

DATE: _____ SIGNATURE: _____

STATE #: _____ COUNTY #: _____

STATE OF FLORIDA
COUNTY OF HIGHLANDS

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____, 20 ____ BY
_____ WHO IS PERSONALLY KNOWN TO ME OR WHO HAS

PRODUCED _____ AS IDENTIFICATION.

TYPE OF IDENTIFICATION

SIGNATURE OF NOTARY: _____

NOTARY STAMP: