

1 South Central Avenue P.O. Box 2286 Umatilla, FL 32784 Phone (352) 669-3125 FAX (352) 669-8313

DEMOLITION PERMIT APPLICATION

Please print or type and provide all information. <u>Incomplete applications will not be processed!</u> Project shall comply with the requirements of the 2007 w/ 2009 Supplements Florida Building Code.

JOB ADDRESS:			
	ALTERNATE KEY:		
	PROPERTY OWN	NER	
Name:			
Address:			
City:	State:_Zip:	Phone:	
Contact Person:	Phone:	E-Mail:	
	CONTRACTOR / DEV	ELOPER	
Company Name:			
License Holder Name:			
State License #:			
Address:			
Telephone:	FAX:		
Contact Person:	Phone:	E-Mail:	
	WORK DESCRIPT	ION	
Demo to remove entire st	ructure	Residential	
Demo for Alteration		Commercial	
Demo interior non-struct	ural alteration		
Description of work:			
Cost of Construction:	Area:	Occupancy:	
Engineer's Name:			
Phone #:	FAX #:	E-Mail:	



AFFIDAVIT OF DEMOLITION OF

I,______, the applicant for a City of Umatilla Demolition Permit, hereby certify that the proposed structure for demolition is_____ three stories, or less, as exempted from licensing requirements by Chapter 489.105 (3), Florida Statutes, or _____ the structure is above three stories.

(Please check applicable choice.)

Legal description of property where demolition is proposed:

Alt. Key:

mati

Florida

I certify that I have provided to the City of Umatilla the following list of items:

- 1. Copies of all licenses and insurances. (Required when a contractor is used.)
- 2. Demolition permit application form.
- 3. Owner's affidavit (signed and notarized).
- 4. Proof of ownership for property to be demolished (tax receipt, property record card or warranty deed).
- 5. A plot plan of the property showing all structures, septic tank and well, if applicable, with proper identification showing structure to be demolished.

I certify that I have notified all utility companies (power, gas, telephone and sewer and water or Lake County Health Department if well and/or septic) of my intentions to demolish the above described structure.

I certify that all debris from the above described property will be taken to the appropriate Solid Waste drop off site within Lake County and disposed of properly. The receipts from the Solid Waste drop off site will be posted at the job site for final inspection.

I certify that if it is determined that asbestos is found in the structure, the City of Umatilla will be notified, and all requirements concerning asbestos abatement outlined in Chapter 469, Florida Statutes, will be strictly followed.

I understand that two inspections are required. One inspection before demolition begins for verification that all utilities have been disconnected in an appropriate manner, and a final inspection after the structure is demolished and all debris removed from site.

Signature of person responsible for demolition

Printed name of person responsible for demolition

Clerk's Initials:

REQUIREMENTS FOR

STRUCTURES

STATE OF FLORIDA COUNTY OF LAKE

 The foregoing instrument was acknowledged before me this _____day of _____,

 20_____, by _____, who is personally known to me or who has produced ______ as identification and who did / did not take an oath.

Notary Public (Signature)

(SEAL)



OWNER'S AFFIDAVIT FOR DEMOLITION OF

I,_____, the legal property owner of the below described property, give authorization for the demolition of the structure(s) on said described property.

I certify that I have fully described the property to______, and they have complete knowledge of the structure(s) that are to be demolished, for which I am the legal property owner.

Property described as:

Alt. Key: ___ __ __ __ __ __

Signature of legal property owner

Printed name of legal property owner

Clerk's Initial:



City of Umatilla

Certificate of Demolition

This certificate shall be issued upon final inspection of a demolition permit and <u>must</u> be presented with a replacement structure(s) building permit application to receive impact fee credit.

Project Address:		Alternate Key #:	
Legal Descript	tion:		
Structure Type	2:		
Area:	Bedrooms:	Plumbing Fixtures (commercial):	
ERU Credit:			
Owner's Name	e:		
Address:			
Signature of B	building Official	Date	

Print