

DEMOLITION PERMIT APPLICATION



City of West Melbourne
2240 Minton Rd
West Melbourne, FL 32904
(321) 837-7776 Phone
(321) 952-9542 Fax
buildingpermits@westmelbourne.gov

FOR OFFICE USE ONLY
Tax ID#
Permit #
Entered by:
Application Date:

Job Name: Address:

Owner's Name: Phone:

Address: Zip Code:

Contractor's Firm: Qualifier's Name:

Address: City: Zip Code:

License #: Phone #: Email:

Description of Work:

Permit Type: Residential Commercial Interior Only Total Area of Construction: SF

Notice of Commencement, if over \$5,000.00 Value of Construction \$

Note: In accordance with Section 469.007 Florida Statutes, you are hereby notified as the owner/operator that you must comply with the laws governing asbestos removal.

You are hereby advised that the permit issued to you for demolition or renovation of a building requires you to comply with Section 376.60 Florida Statutes. Section 469.005 Florida Statutes regulates asbestos inspection, abatement and license requirements.

Review the Florida Department of Environmental Protection Asbestos requirements at the following link

https://floridadep.gov/forms?field_division_tid=All&keys=asbestos

Fee Simple Title Holder: Phone:

Address: Zip Code:

Bonding Company: Phone:

Address: Zip Code:

Architect/Engineer: Phone:

Address: Zip Code:

SUB-CONTRACTOR INFORMATION:

Construction/Debris Removal: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Signature: _____

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the **Florida Building Code 2023 – 8th Edition**. I understand that all permits require inspections as indicated. **This permit application is valid for 180 days from date of issuance.**

I certify that **no** work or installation has commenced prior to the issuance of a permit. By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/ Owner and has the authority to apply for this permit.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING THE NOTICE OF COMMENCEMENT.

PROPERTY OWNER SIGNATURE
STATE OF FLORIDA
COUNTY OF BREVARD

CONTRACTOR'S SIGNATURE
STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20____ by _____ who is personally known to me, or has produced _____ as identification.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20____ by _____ who is personally known to me, or has produced _____ as identification.

Notary Signature as to Property Owner

Notary Signature as to Qualifier