



CITY OF CRESTVIEW

GROWTH MANAGEMENT DEPARTMENT

Building Permits & Inspections

P.O. Drawer 1209, Crestview, Florida 32536
Phone (850) 689-1618/1619 Fax (850) 689-4575

DEMOLITION PERMIT APPLICATION

PROPERTY INFORMATION

JOB ADDRESS: _____
PARCEL I.D. #: _____ LOT: _____ BLOCK: _____
SUBDIVISION: _____

OWNER INFORMATION

OWNER OF PROPERTY: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____
MOBILE PHONE: _____
FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____
ADDRESS: _____
CITY, STATE, ZIP: _____

CONTRACTOR INFORMATION

COMPANY NAME: _____
QUALIFIER NAME: _____
STATE LICENSE #: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____
MOBILE PHONE: _____ EMAIL: _____

DESIGN PROFESSIONAL/LENDING INFORMATION

ARCHITECT: _____ ADDRESS: _____ PHONE #: _____
ENGINEER: _____ ADDRESS: _____ PHONE #: _____
MORTGAGE LENDER: _____ ADDRESS: _____
BONDING COMPANY: _____ ADDRESS: _____

BUILDING INFORMATION

VERIFY SCOPE OF WORK BY CHECKING ONE OF THE FOLLOWING:

- COMMERCIAL ENTIRE BUILDING 1 & 2 FAMILY ENTIRE BUILDING
 PRE-ALTERATION PARTIAL DEMOLITION

CONTRACT PRICE (LABOR & MATERIALS): \$ _____

TOTAL SQUARE FOOTAGE: _____

DESCRIPTION OF WORK: _____

NOTICE TO OWNER / CONTRACTOR
(ONLY REQUIRED FOR PROJECTS OVER \$2500)

Application is hereby made to obtain a permit to do the work and installation as indicated. *I certify that no work or installation has been commenced prior to issuance of a permit* and that all work will be performed to meet all codes, standards and laws governing construction in this jurisdiction. I also certify that all required insurances for me and any trades are in accordance with state laws. I understand that a separate permit must be secured for BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, GAS, ROOFING, SIGNS, POOLS, IRRIGATION, ACCESSORY STRUCTURES, etc.

OWNER / CONTRACTOR AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning per State and City of Crestview.

If the direct contract is greater than \$2500, the applicant/owner must file a NOTICE OF COMMENCEMENT.

“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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.”

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS-Failure to obtain a final inspection may result in legal action. All permits are considered abandoned and expired where work has not commenced, or work has stopped, or an inspection has not been called in within 180 days of permit issuance. Expired permits are required to be re-permitted or reinstated and shall be assessed the full permit fees for the project.

Must be signed in the presence of a Notary

Signature of Owner or Agent (including Contractor) _____
Date

STATE OF _____

COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____
by _____.

Personally Known _____ (or)

Produced Identification (TYPE) _____

Notary Public Signature

TO BE COMPLETED BY STAFF

APPLICATION PROCESSED BY: _____ DATE: _____/_____/_____

REVIEWED BY: _____ DATE: _____/_____/_____

ISSUED BY: _____ DATE: _____/_____/_____

CURRENT CODE: _____

NUMBER OF STORIES: _____

OCCUPANCY USE: _____

FLOOD ZONE: _____

HEIGHT: _____

ENVIRONMENTAL ASSESSMENT PROVIDED?:

Y N



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DEMOLITION PERMIT CHECKLIST

1. ___ **DEMOLITION PERMIT APPLICATION**
2. ___ **NOTICE TO OWNER/CONTRACTOR (ONLY REQUIRED FOR PROJECTS OVER \$2500)
(PAGE 2)**
3. ___ **ASBESTOS NOTIFICATION STATEMENT (REQUIRED FOR CONTRACTOR)**
4. ___ **RESIDENTIAL EXEMPTION OWNER-BUILDER (REQUIRED FOR OWNER-BUILDERS ON
1 & 2 FAMILY DWELLINGS)**
5. ___ **RECORDED NOTICE OF COMMENCEMENT (IF PROJECT IS \$2500 OR GREATER)**
6. ___ **PROOF OF PROPERTY OWNERSHIP (RECORDED DEED, WARRANTY DEED, CLOSING
STATEMENT, OR PROPERTY TAX INFORMATION)**



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ASBESTOS NOTIFICATION STATEMENT

Florida Building Code 105.9 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of *Section 469.003, Florida Statutes*, and to notify the **Department of Environmental Protection** of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

469.003 License Required –

1. No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.
2. (a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter. (b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor and who has complied with the training requirements of S. 469.013(1)(b), may provide survey services as described in S. 255.553(1), (2) and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.
3. No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

AFFIDAVIT: I HAVE READ THE REQUIREMENTS ABOVE AND I UNDERSTAND AND AGREE TO THE REQUIREMENTS THEREIN.

Must be signed in the presence of a Notary

Signature of Owner or Agent (including Contractor)

Date

STATE OF FLORIDA

COUNTY OF OKALOOSA

Sworn and subscribed before me this _____ day of _____, 20_____

by _____.

Personally Known _____(or)

Produced Identification (TYPE) _____

Notary Public Signature



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ASBESTOS REMOVAL OWNER-BUILDER RESIDENTIAL EXEMPTION

Florida Building Code 105.3.6. Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application.

DISCLOSURE STATEMENT: STATE LAW REQUIRES ASBESTOS ABATEMENT TO BE DONE BY LICENSED CONTRACTORS. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU, AS THE OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN ASBESTOS ABATEMENT CONTRACTOR EVEN THOUGH YOU DO NOT HAVE A LICENSE. YOU MUST SUPERVISE THE CONSTRUCTION YOURSELF. YOU MAY MOVE, REMOVE OR DISPOSE OF ASBESTOS-CONTAINING MATERIALS ON A RESIDENTIAL BUILDING WHERE YOU OCCUPY THE BUILDING AND THE BUILDING IS NOT FOR SALE OR LEASE, OR THE BUILDING IS A FARM OUTBUILDING ON YOUR PROPERTY. IF YOU SELL OR LEASE SUCH BUILDING WITHIN 1 YEAR AFTER THE ASBESTOS ABATEMENT IS COMPLETE, THE LAW WILL PRESUME THAT YOU INTENDED TO SELL OR LEASE THE PROPERTY AT THE TIME THE WORK WAS DONE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR. YOUR WORK MUST BE DONE ACCORDING TO ALL LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS WHICH APPLY TO ASBESTOS ABATEMENT PROJECTS. IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT PEOPLE EMPLOYED BY YOU HAVE LICENSES REQUIRED BY STATE LAW AND BY COUNTY OR MUNICIPAL LICENSING ORDINANCES.

OWNER AFFIDAVIT: I HAVE READ THE DISCLOSURE STATEMENT ABOVE AND I UNDERSTAND AND AGREE TO THE REQUIREMENTS THEREIN

Must be signed in the presence of a Notary

Signature of Owner or Agent (including Contractor) _____
Date

STATE OF FLORIDA
COUNTY OF OKALOOSA

Sworn and subscribed before me this _____ day of _____, 20_____

by _____.

Personally Known _____ (or)

Produced Identification (TYPE) _____

Notary Public Signature