



# DEMOLITION PERMIT APPLICATION

Permits become null and void if demolition authorized is not commenced within 6 months or if demolition is suspended, or abandoned for a period of 6 months at any time after work is commenced. Extension of 90 days may be granted if requested in writing and justifiable cause is demonstrated.

Tax Parcel Number \_\_\_\_\_ Estimated Completion date \_\_\_\_\_

Site Legal Description \_\_\_\_\_

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax #: \_\_\_\_\_ Email Address \_\_\_\_\_

Fee Simple Titleholder's Name of the Site \_\_\_\_\_

Fee Simple Titleholder's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Name \_\_\_\_\_

Job Address \_\_\_\_\_

Bonding Co. Name \_\_\_\_\_ Address \_\_\_\_\_

Prior Building Use: Residence \_\_\_\_\_ Business \_\_\_\_\_ School \_\_\_\_\_ Other \_\_\_\_\_

Building Size: Square Feet \_\_\_\_\_ Height \_\_\_\_\_ # of Floors \_\_\_\_\_

## IMPORTANT INFORMATION

Ordinance 89-20 states that it is illegal for any person not holding a valid franchise to engage in the business of collecting, hauling or transporting construction and demolition debris within the boundaries of St. Johns County. Please reference the Solid Waste Removal Guide.

Section 3.01.07 St. Johns County Land Development Code, requires a review of all property to determine any historical resource or historical landmark significance prior to issuance of a demolition permit.

## ABSESTOS DEMOLITION/RENOVATION PROJECT NOTIFICATION REQUIRED

The National Emission Standard for Hazardous Air Pollutants (NESHAP), regarding asbestos, places a Written Notification requirement on owners or operators (including contractors) engaged in the demolition of any institutional, commercial, public industrial, installation, excluding residential buildings having four or fewer dwelling units, which remain residential. The referenced notification is required to be sent to DEP, Northeast District Air Program, 8800 Baymeadows Way, Suite 100 Jacksonville, Florida 32256-7590 (904) 256-1566 at least ten (10) working days prior to planned demolition\renovation activity.

Job Address \_\_\_\_\_ City \_\_\_\_\_

Application, as detailed on face side, is hereby made to obtain a permit to do demolition as indicated. I certify that no demolition will or has commenced prior to the issuance of a permit. I understand that a separate permit must be secured for **BUILDING, ELECTRICAL, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, AND SEPTIC SYSTEMS, ETC.**

**OWNER’S AFFIDAVIT:** I certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A “NOTICE OF COMMENCEMENT” MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR “NOTICE OF COMMENCEMENT”.**

\_\_\_\_\_  
Owner’s Signature

\_\_\_\_\_  
Contractor’s Name (Print)

\_\_\_\_\_  
By Owner’s Agent (if any) (including Contractor)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contractor’s Signature License No.

**NOTARY as to Owner or Agent Below:**

**NOTARY as to Contractor below:**

**In St. Johns County, Florida:**

**In St. Johns County, Florida:**

**This instrument was acknowledged before me**

**This instrument was acknowledged before me**

**This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_**

**This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_**

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Signature

**Known Personally \_\_\_\_\_ or Identification \_\_\_\_\_**

**Known Personally \_\_\_\_\_ or Identification \_\_\_\_\_**

**Type Identification \_\_\_\_\_**

**Type Identification \_\_\_\_\_**