



DEMO PERMIT APPLICATION

OFFICE USE ONLY

Date Received:	Rebuild <input type="checkbox"/> YES <input type="checkbox"/> NO
Received by:	

DEMO Job Site

<input type="checkbox"/> Residential		<input type="checkbox"/> Commercial	
Parcel ID #	Demo Address		
Owner Name		Owner Phone	
Owner Address		E-Mail	

Contractor Information

<input type="checkbox"/> Owner/Builder <input type="checkbox"/> Contractor		Fl. License #
Qualifier	Company Name	
Address		
Phone	Fax	E-Mail

Building Demo Type

<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Shed <input type="checkbox"/> Additions	<input type="checkbox"/> Misc. _____	
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Description of work _____ _____ _____ _____	
Value of Demolition	\$ _____

WARNING TO OWNER: After you have obtained this permit you have thirty (30) days, from that point to complete the **demolition** and **clean up** of this property.

