

DEMOLITION PERMIT APPLICATION

Applicant:

Name: _____ Date: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Fla. Dept. of Business & Professional Regulation License No. _____

Qualifying Agent's Name: _____

Qualifying Agent's Signature: _____

Project:

Project Name: _____ UF Project Number: _____

Project Location/Address: _____

\$ Value of Work: _____ Cubic Footage: _____

Description of Work: _____

Indicate any Hazardous Materials involved:

(Fluorescent or Mercury Vapor Lighting) (High Intensity Discharge Lighting) (Mercury Thermostat/wall switching) (Lighting Ballasts)

(Batteries) (Lead Roof/Vent Flashing) (Lead Pipe) (Lead Painted Surfaces) (Oil/Petroleum) (Pesticides) (Chemicals) (Asbestos)

Other _____

Comply with Section 469.003 Florida Statutes

Environmental Engineering:

Approved by: _____

Architect/Engineer:

Name: _____ Phone: _____

Mailing Address: _____