



**LEON COUNTY**  
**DEPARTMENT OF DEVELOPMENT SUPPORT AND ENVIRONMENTAL MANAGEMENT**  
 435 NORTH MACOMB STREET, 2<sup>ND</sup> FLOOR  
 TALLAHASSEE, FLORIDA 32301  
 (850) 606-1300  
 www.leonpermits.org

## DEMOLITION PERMIT APPLICATION

**Note: This permit application is for demolition of an entire structure or multiple structures and is not to be used for the purpose of interior or minor demolition.**

<b>I. OWNER/LESSEE INFORMATION</b>			
OWNER NAME: _____			
MAILING ADDRESS: _____			
CITY: _____		STATE: _____	ZIP: _____
WORK PHONE: _____		MOBILE PHONE: _____	HOME PHONE: _____
EMAIL ADDRESS: _____			
<b>II. CONTRACTOR INFORMATION</b>			
BUSINESS NAME: _____		CONTRACTOR NAME: _____	
MAILING ADDRESS: _____			
CITY: _____		STATE: _____	ZIP: _____
WORK PHONE: _____		MOBILE PHONE: _____	
EMAIL ADDRESS: _____			
<b>III. SITE AND BUILDING INFORMATION</b>			
PARCEL I.D. # _____		NO. OF BLDGS TO BE DEMOLISHED: _____	
ADDRESS: _____			LOT _____ BLK _____
SUBDIVISION NAME: _____		PHASE _____	MANUFACTURED HOME: <input type="checkbox"/> Yes <input type="checkbox"/> No
BUILDING FOUNDATION: <input type="checkbox"/> Monolithic Slab/Pad <input type="checkbox"/> Block Stem Wall <input type="checkbox"/> Pier or Piling			
WILL ANY TREES ON SITE BE IMPACTED BY THE DEMOLITION? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROPERTY OWNERSHIP: <input type="checkbox"/> Public (Fed, State or local govt) <input type="checkbox"/> Private (Individual, corp, non-profit)			
SEWAGE DISPOSAL: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic System)*		WATER SYSTEM: <input type="checkbox"/> Public <input type="checkbox"/> Private Co. <input type="checkbox"/> Private (Well)**	
* Please contact the Florida Dept. of Health in Leon County at 850-606-8350 if a septic tank is located on the premises that will be moved or abandoned.			
** If private well is on site and will be moved or abandoned, please contact the City of Tallahassee Aquifer Protection Office at 850-891-1200.			
ELECTRICAL SERVICE: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground			
<b>IV. BUILDING CLASSIFICATION</b>			
One Family Detached	Retail	Restaurant	
Accessory Structure (Shed, greenhouse, pool house, detached garage, etc.)	Office	Hotel/Motel	
Other Residential - <i>Specify</i>	Medical Facility	Other - <i>Specify</i>	

**SITE PLANS MUST BE DRAWN TO SCALE AND DEPICT THE ACTUAL CONFIGURATION AS SHOWN ON THE PROPERTY APPRAISER'S DATABASE. THE SITE PLAN MUST INCLUDE THE FOLLOWING INFORMATION:**

- North directional arrow
- Property boundary lines
- Location of ALL existing structures and their distances from all property lines and each other
- Indicate which structure(s) will be demolished
- Location of driveways, streets and utility easements
- Location of existing septic system (if applicable)
- Location of water system
- Location of any wells w/in 200 feet of the septic system, even if wells are located on adjacent property
- Location of any on-site or nearby wetlands (lakes, ponds, swamps, marshes, sinkholes or shallow depressions)
- Location of all natural or constructed water conveyance features such as ravine, ditch, swale, culvert, canal, stream or springs/seeps
- Location of special development restrictions such as easements, natural areas required undisturbed or land use buffers

**SITE PLANS MUST BE DRAWN TO SCALE**

**COST OF DEMOLITION:** \_\_\_\_\_

**PROVIDE PROJECT NARRATIVE OR WORK DESCRIPTION:**

**VII. CONTRACTOR INFORMATION**

PRINCIPAL CONTRACTOR:

BUSINESS/CONTRACTOR NAME:

LICENSE NO:

WORK PHONE:

EMAIL ADDRESS:

**Fla. Stat. 553.79(10) NOTICE:** In addition to the requirements of this permit, other restrictions applicable to the property such as private deed restrictions and or covenants may apply. These private deed restrictions and or covenants may be found in the public records of this county. There may also be other approvals or permits required from state or federal agencies including but not limited to the state water management district.

Approved as to form:  
Leon County Attorney's Office  
301 South Monroe St., Suite 202  
Tallahassee, FL 32301



Leon County  
Board of County Commissioners  
Department of Development Support &  
Environmental Management  
435 North Macomb St.  
Tallahassee, FL 32301  
Phone#: (850) 606-1300  
Fax#: (850) 606-1301

### Applicant's Affidavit of Ownership & Designation of Agent(s)

Date: \_\_\_\_\_

#### I. OWNER INFORMATION

OWNER'S (S') NAME: \_\_\_\_\_

OWNER'S (S') MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARCEL I.D.# (List all numbers for the site subject to this affidavit.): \_\_\_\_\_

#### II. DESIGNATION OF AGENT(S)

As the owner(s) of the above-designated property and the applicant(s) for which this affidavit is submitted, I wish to designate the below named party(ies) as my agent in all matters pertaining to the location address and concerning approval(s) and permit(s) required by Leon County. In authorizing the agent(s) named below to represent me or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

(1) Owner's Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If the Owner intends the Designation of Agent to be limited in any manner, please indicate the limitation below (i.e., limited to obtaining a Certificate of Concurrency for the parcel; limited to obtaining a building permit application; etc.).

(2) Owner's Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If the Owner intends the Designation of Agent to be limited in any manner, please indicate the limitation below (i.e., limited to obtaining a Certificate of Concurrency for the parcel; limited to obtaining a building permit application; etc.).

#### III. NOTICE TO OWNER(S)

Application is hereby made to obtain approval(s) and permit(s) for the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction and development of land in this jurisdiction. 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.

**All changes in ownership and applicant's agent prior to issuance shall require a new affidavit. If ownership changes, the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.**

##### Deed Restrictions and Covenants

Prior to pursuing a permit application, applicants should review any Deed Restrictions and/or Covenants which may apply to a particular site. Applicants should be aware that Deed Restrictions or Covenants are private civil issues and therefore are not enforced or reviewed by the County. Based on this information, I hereby acknowledge that I have been advised that I should seek out and obtain information on my own to identify if there are any Deed Restrictions and/or Covenants on the use of the site associated with this permit application. \_\_\_\_\_ Owner's Initials

##### Public Record Information

Chapter 119, Florida Statutes, Section 119.071(4)(d) Subparagraphs a.-r. exempt the public release of select information pertaining to the name, address, and phone numbers of certain public employees, e.g. law enforcement personnel, their spouses and children.

Do you or your spouse fall into one of these protected categories? Yes \_\_\_ No \_\_\_

If yes, do you want the exempt information that is included on this application withheld from the public, or from any official public record request? Yes \_\_\_ No \_\_\_

The authenticity of the request to withhold this specific information from the public as specified in Chapter 119, Florida Statutes is subject to verification by this Department. \_\_\_\_\_ Owner's (s') Initials

**Access to Property**

By submitting this application, I (we) am (are) providing permission for Leon County personnel to inspect at reasonable times the property and work required under any permit issued under this application for compliance with applicable codes as specified in Leon County's Code of Laws, Chapter 10, Section 10-1.105 and 10-4.212. Unless the inspection requires entry into a private residence, no further permission will be required.

\_\_\_\_\_ Owner's (s') Initials

**Modifications**

Any changes to the limits of clearing, structure location/orientation, elevations, or drainage patterns shown on the approved plans may require additional review and new approval by Leon County.

\_\_\_\_\_ Owner's (s) Initials

**WARNING TO OWNER: 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.**

I (we), \_\_\_\_\_, certify that I (we) am (are) the owner(s), as defined by Sections 10-1.101 or 10-4.201(a) of the Leon County Code of Laws, of the property described herein.

OWNER SIGNATURE (1):

OWNER SIGNATURE (2):

\_\_\_\_\_

**NOTARY PUBLIC – CROSS THROUGH NOTARY SECTIONS NOT USED**

**STATE OF:**

**COUNTY OF:**

**For an individual or individuals acting in his, her or their own right; or**

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

*(type of identification produced)*

**For Corporation or Governmental Entity; or**

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_, by \_\_\_\_\_, as \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_ corporation, on behalf of the corporation.

*(name of officer or agent, title of officer or agent)*

*(office held)*

*(name of corporation)*

*(state)*

He/she is personally known to me or has produced \_\_\_\_\_ as identification.

*(type of identification produced)*

**For Partnership**

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_, by \_\_\_\_\_, partner on behalf of \_\_\_\_\_ a partnership. He/she is personally known to me or has produced \_\_\_\_\_ as identification.

*(name of acknowledging partner)*

*(name of partnership)*

*(type of identification produced)*

Notary Seal

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

\_\_\_\_\_  
Print Name of Notary

\_\_\_\_\_  
Title or Rank



***Hazardous Materials  
Demolition-Renovation Requirement Checklist  
Aquifer Protection Program***

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Tax ID: \_\_\_\_\_

In order to receive your permits in a timely manner, make sure that the following items have been addressed:

1. List and identify all **hazardous materials** that must be removed and properly disposed of prior to demolition or renovation. Contact the Leon County Hazardous Waste Center at (850) 606-1803 for information on proper disposal.

Check for the following:

- \_\_\_\_\_ Fluorescent lights and ballasts
- \_\_\_\_\_ High intensity discharge bulbs
- \_\_\_\_\_ Mercury-containing switches such as thermostats
- \_\_\_\_\_ Neon signs
- \_\_\_\_\_ Household Chemicals such as paint, solvents, pesticides, etc.
- \_\_\_\_\_ Batteries such as lead acid and nickel cadmium
- \_\_\_\_\_ Lead roof vents/ flashing
- \_\_\_\_\_ Freon
- \_\_\_\_\_
- \_\_\_\_\_

Receipts for proper disposal of hazardous materials must be presented to the Aquifer Protection Coordinator Fax (850) 891-1062. For further assistance please call (850) 891-1200

2. Identify numbers of unused wells that must be properly abandoned by a Florida licensed Water Well Contractor prior to demolition or renovation. (Northwest Florida Management District rule 40A-3 and Leon County code 10-1924;) and Number of active wells to remain on site. For information call the NFWFMD at (850) 539-5999

- \_\_\_\_\_ Number of UNUSED WELLS
- \_\_\_\_\_ Number of Active Wells remaining

Receipts and/or well abandonment reports must be faxed to the Aquifer Protection Section FAX (850) 891-1062

3. Petroleum storage tanks (underground and above ground) must have any remaining fuel pumped out.  
\_\_\_\_\_ Number of Storage tanks and capacity

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for helping to prevent pollution***

Development Support and Environmental Management  
 Building Plans Review & Inspection Division  
 435 North Macomb Street, 2<sup>nd</sup> Floor  
 Tallahassee, FL 32301  
 850-606-1300



## Asbestos Removal

The Florida Building Code requires when **renovating or demolishing an existing building** the applicant be notified of their responsibility to comply with Florida Statute 469.003 which states. (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. Further, the applicant must notify the Florida Department of Environmental Regulation of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law. The attached form should be mailed to DEP Northwest District, Attention Tracy White, 2815 Remington Green Circle, Tallahassee, Florida 32308-1513; (phone 850-922-3620).

If asbestos removal is being performed by the owner of a residential building, the following disclosure statement is required. "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".

---

Location of Building

---

Applicants Signature Date



**Florida Department of  
Environmental Protection**  
Division of Air Resource Management

DEP Form 62-257.900(1)  
Effective 10-12-08  
Page 1 of 2

**NOTICE OF DEMOLITION OR ASBESTOS RENOVATION**

- TYPE OF NOTICE** (CHECK ONE ONLY):     ORIGINAL     REVISED     CANCELLATION     COURTESY
- TYPE OF PROJECT** (CHECK ONE ONLY):     DEMOLITION     RENOVATION
- IF DEMOLITION, IS IT AN ORDERED DEMOLITION?     YES     NO
- IF RENOVATION:
- IS IT AN EMERGENCY RENOVATION OPERATION?     YES     NO
- IS IT A PLANNED RENOVATION OPERATION?     YES     NO

**I. Facility Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Site \_\_\_\_\_ Consultant Inspecting Site \_\_\_\_\_

Building Size \_\_\_\_\_ (Square Feet) # of Floors \_\_\_\_\_ Building Age in Years \_\_\_\_\_

Prior Use:  School/College/University     Residence     Small Business     Other \_\_\_\_\_

Present Use:  School/College/University     Residence     Small Business     Other \_\_\_\_\_

**II. Facility Owner** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**III. Contractor's Name** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is the contractor exempt from licensure under section 469.002(4), F.S.?     YES     NO

**IV. Scheduled Dates:** (Notice must be postmarked 10 working days before the project start date)

Asbestos Removal (mm/dd/yy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Demo/Renovation (mm/dd/yy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_

**V. Description** of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components. \_\_\_\_\_

**Procedures to be Used (Check All That Apply):**

<input type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Wet Method	<input type="checkbox"/> Dry Method*	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down
OTHER _____			

\*MUST OBTAIN PRIOR DEP APPROVAL BEFORE USING A DRY METHOD

**VI. Procedures for Unexpected RACM:** \_\_\_\_\_

**VII. Asbestos Waste Transporter:** Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**VIII. Waste Disposal Site:** Name \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**IX. RACM or ACM:** Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM. \_\_\_\_\_

**Amount of RACM or ACM\***

- RACM**    **ACM**
- \_\_\_\_\_ square feet surfacing material
- \_\_\_\_\_ linear feet pipe
- \_\_\_\_\_ cubic feet of RACM off facility components
- \_\_\_\_\_ square feet cementitious material
- \_\_\_\_\_ square feet resilient flooring

**X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)**

Name:
Address:
City:
State/Zip:

\*Identify and describe surfacing material and other materials as applicable: \_\_\_\_\_

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

(Print Name of Owner/Operator) \_\_\_\_\_ (Date) \_\_\_\_\_

(Signature of Owner/Operator) \_\_\_\_\_ (Date) \_\_\_\_\_

## Instructions

The state asbestos removal program requirements of s. 376.60, F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61, Subpart M, as embodied in Rule 62-257, F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it **ordered** by the State or a local government agency? If so, in addition to the information required on the form, the owner/operator must provide the name of the agency ordering the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an **emergency renovation operation**? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. If you checked renovation and it is a **planned renovation operation**, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

- I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200, F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."
- II. Complete the facility owner information.
- III. Complete the contractor information.
- IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.
- V. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800, F.A.C., requires obtaining Department approval prior to using a dry removal method in accordance with 40 CFR section 61.145(3)(c)(i).)
- VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.
- VII. Complete the asbestos waste transporter information.
- VIII. Complete the waste disposal site information.
- IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is **only** permissible if the length or area could not be measured previously.) Identify and describe the listed surfacing material and other listed materials as applicable.
- X. Provide the address where the Department is to send the invoice for any fee due. Do not send a fee with the notification. The fee will be calculated by the Department pursuant to Rule 62-257.400, F.A.C.

Sign the form and mail the original to the district or local air program having jurisdiction in the county where the project is scheduled (**DO NOT FAX**). The correct address can be obtained by contacting the State Asbestos Coordinator at: Department of Environmental Protection, Division of Air Resources Management, 2600 Blair Stone Road, Tallahassee, FL 32399-2400.