

FLOOD: YES OR NO
ZONE: _____ BY: _____



1-B East Jefferson Street/ Post Office Box 1799, Quincy, FL 32351
Phone: 850-875-8665 Fax: 850-875-7280

DEMOLITION PERMIT APPLICATION

Property Owners Name _____
Email Address _____
Address _____ Ph No _____ Cell _____
City _____ St _____ Zip Code _____

Job Site Address _____
Property Parcel Number _____

Contractor _____ License No _____
Email Address _____
Address _____ Phone _____ Cell _____
City _____ St _____ Zip Code _____
Value of Job \$ _____

Residential Fees -\$143.00 (\$146.58 with tax) Commercial/Industrial Fees - \$286.00 (\$293.15 with tax)

CHECK THE BOX THAT APPLIES TO THIS PERMIT:

- Agriculture
- Residential
- Commercial/Industrial/Assembly

FORMS AND INFORMATION NEEDED:

- Copy of the Notice of Commencement (Filed-Red Stamped Copy)
- Copy of Asbestos Notification Form 62-257-900(1)(Stamped or Initialed by the State)
- Number of Residences (See important below) _____
- Square feet of proposed demolition _____

IMPORTANT: *If this property is or was ever used for Commercial use or there are 4 or more residences on the property the following will apply:*

1. A certified Asbestos Consultant will be needed to do the survey to determine if there is asbestos or not.
2. A licensed Asbestos Abatement Contractor will be needed for the asbestos removal.
3. Fill out the Florida Department of Environmental Protection Form 62-257-900(1) and file with the state at least 10 days prior to demolition. (Form attached)
4. Return the stamped or initialed copy, filed with the State, to this department for permits.

NOTICE OF COMMENCEMENT is required for all permits that are \$2,500 or more in job value.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. By signing this permit you are stating you are aware of these additional restrictions/permits.

Contractor's/Property Owner Signature (All other signatures require a notarized Letter of Authorization) **Date**

GADSDEN COUNTY
DISCLOSURE STATEMENT FOR OWNER CONTRACTOR
AND /OR ASBESTOS ABATEMENT PERMIT
TO ACT AS A

FLORIDA STATUTES 489.103
Disclosure Statement

STATE LAW REQUIRES CONSTRUCTION TO BE DONE BY LICENSED CONTRACTORS. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU, AS OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN CONTRACTOR WITH CERTAIN RESTRICTIONS, EVEN THOUGH YOU DON'T HAVE A LICENSE. **YOU MUST PROVIDE DIRECT, ONSITE SUPERVISION OF THE CONSTRUCTION YOURSELF.** YOU MAY BUILD OR IMPROVE A ONE FAMILY OR TWO-FAMILY HOME RESIDENCE OR A FARM OUTBUILDING. YOU MAY ALSO BUILD OR IMPROVE A COMMERCIAL BUILDING PROVIDED YOUR COST DOES NOT EXCEED \$75,000. THE BUILDING OR RESIDENCE MUST BE FOR **YOUR OWN USE AND OCCUPANCY.** IT MAY NOT BE BUILT OR SUBSTANTIALLY IMPROVED FOR SALE OR LEASE. IF YOU SELL OR LEASE A BUILDING YOU HAVE BUILT OR SUBSTANTIALLY IMPROVED YOURSELF WITHIN ONE YEAR AFTER THE CONSTRUCTION IS COMPLETE, THE LAW WILL PRESUME THAT YOU BUILT OR SUBSTANTIALLY IMPROVED IT FOR SALE OR LEASE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR OR TO SUPERVISE PEOPLE WORKING ON YOUR BUILDING. IT IS YOUR RESPONSIBILITY TO MAKE SURE THE PEOPLE EMPLOYED BY YOU HAVE LICENSES REQUIRED BY THE STATE LAW AND COUNTY OR MUNICIPAL LICENSING ORDINANCES. YOU MAY NOT DELEGATE THE RESPONSIBILITY FOR SUPERVISING WORK TO A LICENSED CONTRACTOR WHO IS NOT LICENSED TO PERFORM THE WORK BEING DONE. ANY PERSON WORKING ON YOUR BUILDING WHO ISN'T LICENSED MUST WORK UNDER YOUR SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT **YOU MUST DEDUCT F.I.C.A. AND WITHHOLDING TAXES AND PROVIDE WORKERS COMPENSATION FOR THAT EMPLOYEE,** ALL AS PRESCRIBED BY LAW. YOUR CONSTRUCTION MUST COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES, BUILDING CODES, AND ZONING REGULATIONS.

I CERTIFY BY MY SIGNATURE THAT I HAVE READ AND UNDERSTAND THIS DISCLOSURE STATEMENT AND THAT I SHALL COMPLY WITH ALL THE REQUIREMENTS FOR ISSUANCE OF THE OWNER/BUILDER PERMIT.

PROPERTY OWNER'S SIGNATURE

DATE

F.S.469.002 & FLORIDA BUILDING CODE 104.4.4
Asbestos Abatement

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 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 HAS LICENSES REQUIRED BY STATE LAW AND BY COUNTY OR MUNICIPAL LICENSING ORDINANCES.

I CERTIFY BY MY SIGNATURE THAT I HAVE READ AND UNDERSTAND THIS ASBESTOS ABATEMENT EXEMPTION AND THAT I SHALL COMPLY WITH ALL THE REQUIREMENTS FOR ISSUANCE OF THE OWNER/ABATEMENT CONTRACTOR PERMIT.

PROPERTY OWNER'S SIGNATURE

DATE



Florida Department of
Environmental Protection
Division of Air Resource Management

DEP Form 62-257-900(1)
Effective 10-12-08
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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.