

DEMOLITION PERMIT APPLICATION



City of West Melbourne
2240 Minton Rd
West Melbourne, FL 32904
(321) 837-7776 Phone
(321) 952-9542 Fax
buildingpermits@westmelbourne.gov

FOR OFFICE USE ONLY

Tax ID#
Permit #
Entered by:
Application Date:

Complete in BLUE or BLACK ink

Job Name: Address:

Owner's Name: Phone:

Address: Zip Code:

Contractor's Firm: Qualifier's Name:

Address: City: Zip Code:

License #: Phone #: Email:

Description of Work:

Permit Type: Residential Commercial Interior Only Total Area of Construction: SF

Notice of Commencement, if over \$2500.00 Value of Construction \$

Note: In accordance with Section 469.007 Florida Statutes, you are hereby notified as the owner/operator that you must comply with the laws governing asbestos removal.

You are hereby advised that the permit issued to you for demolition or renovation of a building requires you to comply with Section 376.60 Florida Statutes.

Section 469.005 Florida Statutes regulates asbestos inspection, abatement and license requirements.

Review the Florida Department of Environmental Protection Asbestos requirements at the following link

https://floridadep.gov/forms?field_division_tid=All&keys=asbestos

Fee Simple Title Holder: Phone:

Address: Zip Code:

Bonding Company: Phone:

Address: Zip Code:

Architect/Engineer: Phone:

Address: Zip Code:

City of West Melbourne
 SUB-CONTRACTOR INFORMATION:

| | |
|------------------------------------|------------------------------|
| Construction/Debris Removal: _____ | State Reg./Cert. No. _____ |
| Address: _____ | Zip Code: _____ Phone: _____ |
| Valuation: _____ | Signature: _____ |

| | |
|------------------|------------------------------|
| Plumbing: _____ | State Reg./Cert. No. _____ |
| Address: _____ | Zip Code: _____ Phone: _____ |
| Valuation: _____ | Signature: _____ |

| | |
|-------------------|------------------------------|
| Mechanical: _____ | State Reg./Cert. No. _____ |
| Address: _____ | Zip Code: _____ Phone: _____ |
| Valuation: _____ | Signature: _____ |

| | |
|------------------|------------------------------|
| Roofing: _____ | State Reg./Cert. No. _____ |
| Address: _____ | Zip Code: _____ Phone: _____ |
| Valuation: _____ | Signature: _____ |

| | |
|-------------------|------------------------------|
| Electrical: _____ | State Reg./Cert. No. _____ |
| Address: _____ | Zip Code: _____ Phone: _____ |
| Valuation: _____ | Signature: _____ |

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2020 Edition. I understand that all permits require inspections as indicated. This permit application is valid for 180 days from date of submission.

I certify that **no** work or installation has commenced prior to the issuance of a permit. By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/ Owner and has the authority to apply for this permit.

WARNING TO OWNER: YOUR 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 RECORDING YOUR NOTICE OF COMMENCEMENT.

 PROPERTY OWNER SIGNATURE
 STATE OF FLORIDA
 COUNTY OF BREVARD

 CONTRACTOR'S SIGNATURE
 STATE OF FLORIDA
 COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___ by _____ who is personally known to me, or has produced _____ as identification.

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___ by _____ who is personally known to me, or has produced _____ as identification.

 Notary Signature as to Property Owner

 Notary Signature as to Qualifier

This Instrument Prepared By:
Name _____
Address _____

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

STATE OF _____,
COUNTY OF _____.

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: (legal description of property, and street address if available)

2. General description of improvement:

3. Owner information
 - a. Name and address:
 - b. Interest in property:
 - c. Name and address of fee simple titleholder (if other than owner):

4. Contractor:
 - a. Name and address:
 - b. Phone number:

5. Surety
 - a. Name and address:
 - b. Amount of bond \$ _____.
 - c. Phone number:

6. Lender
 - a. Name and address:
 - b. Phone number:

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
 - a. Name and address:
 - b. Phone number:

8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
 - a. Name and address:
 - b. Phone number:

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.

Signature of Owner or Owner's Authorized Officer/Director
Partner/Manager

Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____, _____ (year) by _____ (name of person) as _____ (type of authority, ...e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

Signature of Notary Public – State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public
Commission Number

Personally Known ___ or Produced Identification _____

Verification Pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing Above