



COMMUNITY DEVELOPMENT & BUILDING DEPARTMENT
506 W. BERCKMAN STREET
FRUITLAND PARK, FL 34731
PHONE: (352) 360-6727
FAX: (352) 360-6652
Email: permits@fruitlandpark.org

Demo Permit

I, _____, the applicant for a City of Fruitland Park Demolition Permit, hereby certify that the proposed structure for demolition is _____ (3) three stories, or less, as exempted from licensing requirements by Chapter 489.105 (3), Florida Statutes, or _____ the structure is above three stories. (Please check appropriate line above)

Property Alternate Key No. : _____

____ Provide Legal Description of proposed demolition property or attach property records card.

I certify that I have provided to the City of Fruitland Park Building Department the following list of items

- ____ Copies of all licenses and insurances. (Required when a contractor is named)
- ____ Owners affidavit (signed and notarized)
- ____ Proof of ownership for the property to be demolished. (Tax receipt, property records card or warranty deed)

I certify that I have notified all utility companies (power, gas, water, sewer, cable and telephone) of my intentions to demolish the above described structure.

I certify that all debris from the demolition will be taken to the appropriate Solid Waste drop off site and disposed of properly. The receipts from the Solid Waste drop off site will be posted at the job site for final inspection.

I certify that if it is determined that asbestos is found in the structure, all requirements concerning asbestos abatement outlined in Chapter 469, Florida Statutes, will be strictly followed.

I understand that two inspections are required. One inspection before demolition begins for verification that all utilities have been disconnected in an appropriate manner, and a final inspection after the structure is demolished and all debris removed from the site.

Signature of person responsible for demolition

Printed name of person responsible for demolition

STATE OF FLORIDA COUNTY OF LAKE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or has produced _____ as identification and who did _____ or did not _____ take an oath.

Notary Public (Signature) (SEAL)

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.

OWNER'S AFFIDAVIT

STATE OF FLORIDA

COUNTY OF LAKE

Before me the undersigned authority, personally appeared _____

_____, who being by me first duly sworn on oath deposes and says:

- 1) That he/she is the fee-simple owner of the property legally described on attached page of this application.
- 2) That he/she desires _____ to allow _____

- 3) That he/she has appointed _____ to act as agent on his/her behalf to accomplish the above. The owner is required to complete the Applicant's Affidavit of this application if no agent is appointed to act on his/her behalf.

Affiant (Owner's Signature)

State of Florida

County of _____

The Foregoing instrument was acknowledged before me this _____ day of _____, 20 _____,
by _____ who is personally known to me or has produced
_____ as identification and who did or did not take an oath
(Notary Seal)

Notary Public - State of Florida

Commission No _____

My Commission Expires _____

Signature

Printed Name

APPLICANT AFFIDAVIT

STATE OF FLORIDA

COUNTY OF LAKE

Before me the undersigned authority, personally appeared _____

_____, who being by me first duly sworn on oath deposes and says:

- 1) That he/she affirms and certifies that he/she understands and will comply with all ordinances, regulations, and provisions of the City of Fruitland Park, Florida, and that all statements and diagrams submitted herewith are true and accurate to the best of his/her knowledge and belief, and further that this application and attachments shall become part of the Official Records of the City of Fruitland Park, Florida, and are not returnable.
- 2) That the submittal requirements for the application have been completed and attached hereto as part of that application.
- 3) That he/she desires _____ to allow _____

Affiant (Applicant's Signature)

State of Florida

County of _____

The Foregoing instrument was acknowledged before me this _____ day of _____, 20 _____,
by _____ who is personally known to me or has produced
_____ as identification and who did or did not take an oath

(Notary Seal)

Notary Public - State of Florida

Commission No _____

My Commission Expires _____

Signature

Printed Name



Florida Department of
Environmental Protection
Division of Air Resources Management

DEP Form 62-257.900(1)
Effective 2-9-99
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NOTICE OF ASBESTOS RENOVATION OR DEMOLITION

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 _____ 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 (____) _____
Address _____
City _____ State _____ Zip _____
III. Contractor's Name _____ Phone (____) _____
Address _____
City _____ State _____ Zip _____
Florida License No. _____ Is the contractor exempt from licensure under section 469.004(7), 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. Procedures to be Used (Check All That Apply):

☐	Strip and Removal	☐	Glove Bag	☐	Bulldozer	☐	Wrecking Ball
☐	Wet Method	☐	*Dry Method	☐	Explode	☐	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. Amount of RACM or ACM

_____ square feet surfacing material
_____ linear feet pipe
_____ cubic feet of RACM off facility components
_____ square feet cementitious material
_____ square feet resilient flooring
_____ square feet asphalt roofing

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

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.

(Signature of Owner/Operator)

(Date)

DEP USE ONLY

Postmark/Date Received

ID#

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; however, a Florida license number or disclosure of that number is not required to comply with the notice requirements.
- 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. Check the methods and procedures to be used. (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.)
- 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.)
- 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.