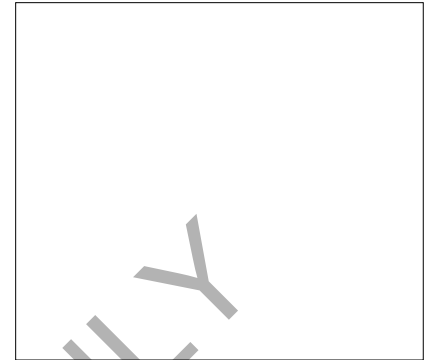


TFO # : _____

NOTE: THIS PERMIT APPLICATION IS TO DEMOLISH OR MOVE AN ENTIRE STRUCTURE and IS NOT TO BE USED FOR THE PURPOSE OF INTERIOR OR MINOR DEMOLITION.


 LOCATION _____
(Street Number) (Street Name)

LOT _____ BLK _____ PARCEL I.D. NO.: _____

SUBDIVISION NAME _____

Owner of Structure _____ Telephone #: _____

 Mailing Address _____
(Address) (City) (State) (Zip)

Contractor _____ Telephone #: _____

 Mailing Address _____
(Address) (City) (State) (Zip)

License No _____ Fax #: _____

DESCRIPTION OF WORK

- 06 Demolition
 - 08 Move
- BUILDING CLASSIFICATION**
- 01 One Family Detached
 - 02 Duplex
 - 15 Business
 - 22 Office
 - 33 Off-Site Advertising Sign
 - ___ Other _____

TOTAL COST OF DEMOLITION

\$ _____

HEIGHT _____

NUMBER OF STORIES _____

BLDG/ SIGN AREA (sq. ft) _____

IMPERVIOUS AREA (sq. ft) _____

BOARD ORDERED DEMOLITION Y / N

PROPOSED LOCATION OF MOVED BUILDING:

CHECK WHICH APPLIES:

- SEWER SYSTEM:** Public or Private Company
- SEPTIC TANK:** To be removed or abandoned:
Contact Leon Cty Health Dept. (850) 606-8350
- WELL:** To be removed or abandoned:
Contact City Aquifer Protection (850) 891-1200
- TREES** on site will be affected by demolition or move

SEWER LOCATES to be made by:

 LICENSED PLUMBER

 CITY OF TALLAHASSEE (\$275.00)

SEWER CAPPING to be made by:

 LICENSED PLUMBER

 CITY OF TALLAHASSEE (@ cost)

See Applicant Checklist on back page for additional fee information pertaining to Sewer disconnects.

****APPLICANT MUST COMPLETE CHECKLIST ON BACK PAGE**
RECORDED, CERTIFIED COPY OF NOC IS REQUIRED AT PERMIT ISSUANCE

Applicant / Contractor's Signature

Date

 Growth Management Department | Building Inspection Division | Phone: (850) 891-7001, option 2 | Fax: (850) 891-0948
 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street, Box B-28, Tallahassee, FL 32301

CHECKLIST: Applicant must complete checklist

- | | Applicant | Staff Initials |
|---|-----------------------------|----------------|
| 1) Completed Demolition / Move permit application. | <u>Y / N</u> | _____ |
| 2) Owners Affidavit signed and notarized. | <u>Y / N</u> | _____ |
| 3) Applicant has received a copy of the Aquifer Protection Demolition Checklist?
NOTE: The items found on the Aquifer Protection Demolition checklist must be completed and approved by their staff prior to issuance of this permit. | <u>Y / N</u> | _____ |
| 4) Applicant has received a copy of the "Department of Environmental Protection, Asbestos Notification" form. | <u>Y / N</u> | _____ |
| 5) A Certified & Recorded Notice of Commencement is REQUIRED prior to but no later than at the issuance of this permit , if the cost of demolition/move is over \$2,500.00. NOC is being submitted with Permit Application? | <u>Y / N</u> | _____ |
| 6) 2 Site Plans with dimensions of lot and building, show all trees and dimensions. Indicate which trees are to be removed or make note "No Trees Will Be Removed" | <u>Y / N</u> | _____ |
| 7) The Utility Account Holder must request services be retracted for demolition. Utility Services, (850) 891-8925, may be contacted or the owner may complete the "Request for Utility Disconnects" form. Please indicate "will call or see form" | Will Call / See Form | _____ |
| 8) Applicant is aware they must call 1-800-432-4770 for locations prior to any digging. | <u>Y / N</u> | _____ |
| 9) Water Service is to remain? | <u>Y / N</u> | _____ |

If water service is to remain for use during demolition, the customer must have a licensed plumber stub up a pipe at the customer valve. (see enclosed diagram) If water service is not need the customer must have a licensed plumber to cap the system, the Water Dept. will remove the meter.

- | | | |
|--|--------------|-------|
| 10) Sewer locates, cap & disconnects have been indicated on the front of this application. | <u>Y / N</u> | _____ |
|--|--------------|-------|

Fees for sewer disconnects by the City are: Locate Fee: \$275.00 Capping Fee: @ cost determined by Sewer Dept

Work Order Information: Staff use only		Date:	<i>(Disconnect faxed to Utilities by staff)</i>
	Name	Date Contacted	
A.	Elec. Dept.	_____	891-5065
B.	Gas Dept.	_____	891-5636
C.	Water Dept.	_____	891-5432
D.	Sewer Dept.	_____	891-1332
E.	Aquifer Prot.	_____	891-1227

STAFF USE ONLY	PERMIT FEES
TYPE OF CONSTRUCTION _____ ZONING DISTRICT _____	TOTAL FEE Paid @ Application: _____ BUILDING: \$ 75.00 _____ ENVIRONMENTAL: _____ TRAINING: \$ 2.50 _____ MARKER FEE: \$ 35.00 _____ LOCATION FEE: _____ CAPPING FEE: _____ STATE SURCHARGE FEE: _____ OTHER FEE: _____ TOTAL DUE _____

Plan Review Record	First Review Date	Second Review Date
Zoning		
Environmental		