

**City of Tavares**  
**201 East Main Street**  
**Tavares, Florida 32778**  
**(352) 742-6213**

**Demolition Permit Requirements**

A demolition permit is required prior to the demolition of any structure within the city limits.

The following conditions apply to demolition permits:

- 1.** You must contact “Sunshine State One Call” by calling 811, 800-432-4770, or logging onto their web site [www.callsunshine.com](http://www.callsunshine.com) to inform them of your project. They will notify all of the utilities in the area to locate and mark any/all buried utilities. Once they have completed their process they will send you conformation **YOU MUST** submit this conformation with your permit application.
- 2.** A site plan is required showing all structures on the property. Highlight or otherwise indicate the structure(s) to be removed.
- 3.** A floor plan, or sketch, of the structure(s) is required showing the room designations and plumbing fixtures.
- 4.** Prior to starting demolition an on-site inspection, by the building inspector, is required after all utilities have been disconnected, and properly capped.
- 5.** An asbestos survey must be completed by a licensed asbestos consultant and notification given to DEP, for all non-residential demolitions, per federal regulation 40 CFR 61
- 6.** Hazardous materials (including asbestos) must be removed and disposed of properly. DEP notification required of excessive amounts if asbestos are removed.
- 7.** Demolition materials must be removed from the site and disposed of at a landfill and/or recycling facility.
- 8.** The Contractor is responsible to control dust and debris at all times during demolition.
- 9.** The standards set forth in Appendix D of the Standard Building Code shall apply to the demolition of buildings or structures.
- 10.** A *Certificate of Demolition* shall be issued upon final inspection of a demolition permit. This certificate must be presented with a replacement structure(s) building permit application to receive impact fee credit(s).
- 11.** An *Owner/Contractor Disclosure Statement* must be signed by an owner/occupant of a residential building acting as their own asbestos abatement contractor and notarized.



# Demolition Permit Application

PERMIT # \_\_\_\_\_ ALTERNATE KEY # \_\_\_\_\_

Job Address \_\_\_\_\_

Description of Work \_\_\_\_\_

Property Legal Description \_\_\_\_\_ Attached

Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_

Owner Address \_\_\_\_\_

Point of Contact (required): \_\_\_\_\_ Phone # \_\_\_\_\_

Point of Contact E-Mail: \_\_\_\_\_ Fax# \_\_\_\_\_

Contractor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor Address \_\_\_\_\_

Contractor State Certification or Registration Number \_\_\_\_\_

Building Type (circle one): IA IB IIA IIB IIIA IIIB IV VA VB

VALUE OF WORK \$ \_\_\_\_\_ TOTAL SQUARE FOOTAGE \_\_\_\_\_

(Total Value of all Construction Required)

**OWNERS AFFIDAVIT:** I CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH LOCAL ORDINANCES, AND LAWS REGULATING CONSTRUCTION AND ZONING.

\_\_\_\_\_  
SIGNATURE OF OWNER or AGENT

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR

### Notice to Contractor

If you have not recently pulled permits within the City of Tavares, please include all necessary copies of your license, occupational license, and workman's compensation coverage or valid exemption. Failure to provide all necessary information or fill out this application completely could result in a delay in processing or a denial/rejection of your permit application.

### Homeowner's Association Verification

Is the property or job address located in a neighborhood with an active Homeowners' Association?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Has the planned improvement been reviewed by the Homeowners' Association making sure that the improvement complies with HOA covenants and restrictions:

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Note: If you answered YES to the above questions, please submit an approval letter from the HOA along with your building permit application. The City of Tavares reserves the right to deny a building permit request if the Homeowners' Association approval has not been granted.**



America's Seaplane City™

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## Certificate of Demolition

Project Address \_\_\_\_\_

Legal Description \_\_\_\_\_  
\_\_\_\_\_

Structure Type \_\_\_\_\_

Structure Use \_\_\_\_\_

Square Footage \_\_\_\_\_

Bedrooms \_\_\_\_\_ Number of Plumbing Fixtures (commercial) \_\_\_\_\_

ERU Credit \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

\_\_\_\_\_  
**Building Official**

\_\_\_\_\_  
**Date**

**City of Tavares**  
**Building Department**  
201 E. Main Street  
Tavares, Florida 32778  
(352) 742-6213

**Owner / Contractor Disclosure Statement**

Florida Statute 469.002

State Law requires asbestos abatement to be done by licensed contractors. You have applied for a demolition permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own demolition / 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.

\_\_\_\_\_  
**Owner / Contractor**

\_\_\_\_\_  
**Date**

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Print, Type, or Stamp commissioned Name of Notary

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_