



# City of Winter Haven Building Division Application for Demolition Permit

Date: \_\_\_\_\_ Tax Folio# (REQUIRED) \_\_\_\_\_

Owner/Contractor \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

Type of structure(s): \_\_\_\_\_ Number of Structures Involved: \_\_\_\_\_

Demolition Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF POLK

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_

Who is personally known to me or who has produced \_\_\_\_\_ (Type of identification?)

Signature of Notary \_\_\_\_\_ Notary Seal or Stamp

State of Florida

My commission expires \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ License# \_\_\_\_\_

Owner Signature: \_\_\_\_\_

**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.

**COMMENCEMENT OF WORK:** Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS AND TANKS, ETC.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

If you intend to obtain financing, Consult with your lender or an attorney before commencing work or recording your Notice of Commencement.

**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. Each BUILDING PERMIT for demolition or renovation must contain an Asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of F.S.469.003 and to notify the Department of Environmental Protection of his/her intentions to remove asbestos, when applicable, in accordance with state and federal law.

Sunshine Location # \_\_\_\_\_

(Call Sunshine 1-800-432-4770)

Central Florida Gas Approval: \_\_\_\_\_ Date \_\_\_\_\_

City Utilities Approval: \_\_\_\_\_ Date \_\_\_\_\_ Septic \_\_\_\_\_ Sewer \_\_\_\_\_

Building Division Approval: \_\_\_\_\_ Date \_\_\_\_\_

A permit must be obtained from the Building Division prior to commencing ANY demolition work

Septic Tanks require separate Abandonment Permit issued by the County Health Department Prior to issuance of Demolition Permit