DEMOLITION CHECK LIST
THE FOLLOWING DOCUMENTATION SHALL BE PROVIDED

Please verify that your permit application contains all applicable items required for permit issuance. You permit application will not be processed if the required information is not complete or marked “not applicable”

- ☐ Notification of nearby homeowners
- ☐ Permit from Broward County Environmental and Growth Management
- ☐ Asbestos Survey
- ☐ Statement of Responsibilities for Removal of Asbestos from Broward County
- ☐ Notice of Commencement
- ☐ Demolition permits, including emergency contact person and contact information
- ☐ Site plan showing all building(s) and appurtenances that will be demolished
- ☐ Copy of survey
- ☐ Permit for Construction Fence
- ☐ Permit for installation of a perimeter construction fence and silt fence
- ☐ Statement from contractor that filter fabric will be installed on all catch basins
- ☐ Pest control inspection Report indicating that property is free of pests
- ☐ Permit for evacuation of refrigerant gas
- ☐ Permit to cap off water and sewer lines or letter from Utility
  Permit to disconnect power lines from Florida Power and Light or letter from FP&L
- ☐ Notarized letter from demolition contractor stating where water will be obtained for dust Control.
- ☐ Letter sent to surrounding property owners that includes an emergency contact number, the estimated time for completion, daily work schedule, and list of equipment used for demolition of building(s).
- ☐ Traffic plan for heavy equipment
- ☐ A letter signed by the property owner in agreement that the property shall be seeded or sodded with grass. The grass shall be irrigated and trimmed as necessary to keep it alive and maintained less than 4” high

I have reviewed and completely filled out this checklist and all applicable items in my application package.

THIS PERMIT AUTOMATICALLY EXPIRES 60 DAYS FROM APPROVAL

OWNERS SIGNATURE	CONTRACTORS SIGNATURE
DATE	DATE

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade: ☐ **Building** ☐ **Electrical** ☐ **Plumbing** ☐ **Mechanical** ☐ **Other** _____

Application Number: Application Date:

1

Job Address:			Unit:	City:	
Tax Folio No.:	Flood Zn:	BFE:	Floor Area:	Job Value:	
Building Use:		Construction Type:		Occupancy Group:	
Present Use:		Proposed Used:			
Description of Work:					
☐ New ☐ Addition ☐ Repair ☐ Alteration ☐ Demolition ☐ Revision ☐ Other:					
Legal Description:					☐ Attachment

2

Property Owner:	Phone:	Email:
Owner's Address:	City:	State: Zip:

3

Contracting Co.:	Phone:	Email:
Company Address:	City:	State: Zip:
Qualifier's Name:	Owner-Builder: ☐	License Number:

4

Architect/Engineer's Name:	Phone:	Email:	
Architect/Engineer's Address:	City:	State:	Zip:
Bonding Company:			
Bonding Company Address:	City:	State:	Zip:
Fee Simple Titleholder's name (if other than owner):			
Fee Simple Titleholder's Address (If other than owner):	City:	State:	Zip:
Mortgage Lender's Name:			
Mortgage Lender's Address:	City:	State:	Zip:

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 WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, 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.

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X_____
Signature of Property Owner or Agent

STATE OF
COUNTY OF

Sworn to (or affirmed) and subscribed before me this_____ day of _____, 20_____ by

_____
(Type / Print Property Owner or Agent Name)

_____
NOTARY'S SIGNATURE as to Owner or Agent's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

X_____
Signature of Qualifier

STATE OF
COUNTY OF

Sworn to (or affirmed) and subscribed before me this_____ day of _____, 20_____ by

_____
(Type / Print Qualifier's Name)

_____
NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.

Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.

OWNER'S AFFIDAVIT: I certify that all information provided is accurate, and that all work will be performed in compliance with all applicable laws regulating construction and zoning. No work has been commenced prior to the permit sought by this application, and all work will be done as indicated in the application and all accompanying document and plans.

NOTICE: In addition, the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of the county, and there may be additional permits required from other governmental entities such as water management districts, County, State or Federal agencies.

DISCLAIMER: Issuance of a development permit by a municipality does not in any way create any right on the part of the applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the municipality for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law.

CONDITION: All applicable state and federal permits must be obtained before commencement of the development.

CONTRACTOR

_____
PRINT NAME OF CONTRACTR

_____
SINATURE OF CONTRACTOR

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this_____ day of _____
20____, by_____
NOTARY:_____

SEAL:

Personally Known:_____
Or produced Identification_____
Type of Identification Produced_____

OWNER

_____
PRINT NAME OF OWNER

_____
SIGNATURE OF OWNER

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this_____ day of _____
20____, by_____
NOTARY:_____

SEAL:

Personally Known:_____
Or produced Identification_____
Type of Identification Produced_____

PERMIT AFFIDAVIT

FOR ACKNOWLEDGEMENT OF COMPLIANCE WITH RESTRICTIVE DEEDS AND COVENANTS
STATE OF FLORIDA:
BROWARD COUNTY:

On this day personally appeared before me, the undersigned officer duly authorized to administer oaths and take acknowledgments _____, who being by me first duly
(HOMEOWNER)
sworn, deposes and says:

By my signature below, I acknowledge that the legal description for the property for which I am applying for a permit is _____
LOT BLOCK SUBDIVISION

a/k/a_____
(Street address)

1. That I am the legal owner of the property
2. I acknowledge that approval may be required from the following

_____
(Homeowners Association)

Which entities or associations regulate or otherwise govern the community, neighborhood, or development my property is located.

3. I further acknowledge that I am responsible for any additional cost that may be assessed by the Town of Lauderdale by the Sea and/or the entity regulating or governing the subject property as a result of my not having obtained the necessary approvals from any entity or association that may regulate or otherwise govern the community neighborhood, development in which my property is located.

FURTHER AFFIANT SAYETH NAUGHT

Date_____

_____
Owners signature

_____
Owners printed name

STATE OF FLORIDA
COUNTY OF BROWARD

Affirmed and signed before me, on _____the foregoing document was acknowledged before me affiant, _____, who personally appeared before me at the time of notarization, who signed and acknowledged signing the foregoing document, who did take an oath, and:

Who is personally known to me_____ or
Who produced the following identification_____

_____Commission Expiration date:
Notary Public

_____ (Seal)
(Printed or typed name)

Time Limits for Construction - NOTICE TO OWNER

Section 6-12 of the Town's Code of Ordinances requires:

1. ***The construction of any new structure or new addition to an existing structure to be completed and all construction material, equipment and debris removed from the property within <u>18 months</u> of the date of the issuance of the first building permit.***

2. ***The exterior elements of any repair or renovation to an existing structure which requires a building permit shall be completed and all construction material, equipment and debris removed from the property within <u>six months</u> of the issuance of the first building permit.***

This notification is the minimum 60 day's notice required in section 6-12.9(g).

The Failure to complete the construction at

_____,

by the construction deadline may result in a fine or legal action by the Town.

If there are extenuating circumstances that prohibit the property owner from completing the construction within the deadline, the owner may seek an extension of time from the Town Commission. An application for extension of time may be obtained from the Development Services Department or Town Clerk.

Owner's Acknowledgement

I acknowledge receipt and understanding of the Town's code provisions regarding the time period to complete a construction projects.

Signature: _____ Date: _____

Print Name: _____

Address of Property: _____

BUILDING DEPARTMENT

DURING A HURRICANE WATCH & BEFORE THE ONSET OF HURRICANE VELOCITY WINDS YOU ARE REQUIRED TO

SECURE THIS SITE

IN ACCORDANCE WITH THE BROWARD COUNTY ADMINISTRATIVE PROVISIONS OF THE FLORIDA BUILDING CODE SECTION 110.13

All loose objects in exposed outdoor locations shall be lashed to rigid construction or shall be stored inside an enclosed structure.

Florida Building Code Broward County Administrative Provisions Section 110.13.2.4

NOTICES ISSUED BY THE NATIONAL WEATHER SERVICE OF A HURRICANE WATCH ARE DEEMED SUFFICIENT NOTICE TO THE OWNER OF REAL PROPERTY UPON WHICH CONSTRUCTION IS OCCURRING, OR ANY CONTRACTOR RESPONSIBLE FOR SAID CONSTRUCTION, TO SECURE LOOSE CONSTRUCTION DEBRIS AND LOOSE CONSTRUCTION MATERIALS AGAINST EFFECTS OF HURRICANE FORCE WINDS

This includes but not limited to:

- **110.13.2.1 Road Right-of-Way shall remain clear of construction waste and trash**
- **110.13.2.2 Waste and Trash Enclosures Temporary Toilets**
- **110.13.2.3 Loose Construction Debris Forms and Construction Materials**
- **110.13.2.5 Roofing Tile and Materials Construction Shacks**
- **110.13.2.5 (1) Loading of Roof Tile**
- **110.13.2.5 (4) Store the construction materials inside an enclosed structure.**
- **110.13.3 Building materials shall be loaded on a roof no earlier than (200 working days prior to permanent installation.**
- **Temporary Electric Service Poles**

AND PROTECT ALL GLASS AREAS

AFTER RECORDING – RETURN TO:

PERMIT NUMBER: _____

NOTICE OF COMMENCEMENT

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statues the following information is provided in the Notice of Commencement.

1. DESCRIPTION OF PROPERTY (Legal description & street address, if available) **TAX FOLIO NO.:** _____

SUBDIVISION_____**BLOCK**_____**TRACT**_____**LOT**_____**BLDG**_____**UNIT**_____

2. GENERAL DESCRIPTION OF IMPROVEMENT:

3. **OWNER INFORMATION**: a. Name_____

b. Address_____c. Interest in property_____

d. Name and address of fee simple titleholder (if other than Owner) _____

4. CONTRACTOR'S NAME. ADDRESS AND PHONE NUMBER:

5. SURETY'S NAME. ADDRESS AND PHONE NUMBER AND BOND AMOUNT:

6. LENDER'S NAME. ADDRESS AND 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:
NAME, ADDRESS AND PHONE NUMBER:

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes:
NAME, ADDRESS AND 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):____, 20_____

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 **Print Name and Provide Signatory's Title/Office**
Owner's Authorized Officer/Director/Partner/Manager
State of Florida
County of Broward

The foregoing instrument was acknowledged before me this_____day of_____, 20_____

By_____, as _____
(name of person) (type of authority,…e.g. officer, trustee, attorney in fact)
For__. (name of party on behalf of whom instrument was executed)

_____ Personally known or_____produced the following type of identification: _____

Notary

_____
(Signature of Notary Public)

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:

By_____ By _____

Rev .08-09-07 (S.Recording)

Broward County
ENVIRONMENTAL PROTECTION AND GROWTH MANAGEMENT DEPARTMENT
Pollution Prevention Division

STATEMENT OF RESPONSIBILITIES REGARDING ASBESTOS

IF YOU ARE PLANNING TO DEMOLISH OR RENOVATE ANY EXISTING STRUCTURE, YOU MAY BE SUBJECT TO FEDERAL AND COUNTY RULES RELATING TO THE DEMOLITION AND THE HANDLING OF ASBESTOS CONTAINING MATERIAL. PLEASE FILL OUT THIS FORM TO DETERMINE IF THE ASBESTOS RULES AND A FEE APPLY TO YOU. SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

I. PROJECT INFORMATION:

Facility Owner: _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Project Address: _____ City: _____ Zip: _____

Contractor Performing Work: _____ Phone: _____

Email: _____ Building Department Jurisdiction: _____

Estimated Start Date: (MM/DD/YY) _____ Estimated Finish Date: (MM/DD/YY) _____

II. MARK THE APPROPRIATE BOX(ES) IF APPLICABLE:

1. ☐ **Single-family residential home (not for commercial purpose) – If you check this box, skip sections 2 and 3. Review the back of this form and then sign and date this form at the bottom. SRRA review fee exempt.**

2. **FACILITY: (Check One)**

☐ Commercial, industrial, or public building ☐ School/ College/ University

☐ Any residential building with more than four dwelling units ☐ Unsafe structure

☐ Two or more residential structures at the same site ☐ Emergency

☐ Any residential property being demolished for commercial purposes or by government order

3. **ACTIVITY: (Check all that apply)**

Renovations: ☐ Built-up roofing removal (>5580 ft^2): Removal Method: ☐ Hand Tools ☐ Power Saw

☐ Exterior alteration (>160ft^2): ☐ Stucco/Finishes ☐ Other _____

☐ Interior alteration (>160ft^2): ☐ Floor covering ☐ Wall Board ☐ Ceiling ☐ Piping ☐ Floor/Wall Mastic ☐ Wall Finishes

☐ HVAC ☐ Other _____

Demolition: ☐ Total ☐ Partial ☐ Column ☐ Tie Beam ☐ Truss(es) ☐ Exterior Wall(s) ☐ Other _____

III. IF ANY BOX IS MARKED UNDER FACILITY AND ACTIVITY THEN THE FOLLOWING ITEMS ARE REQUIRED:

1. An original ***Notice of Demolition or Asbestos Renovation*** using DEP form 62-257.900(1)* or electronic notification* must be completed and submitted at least ten (10) working-days before start of project, for:
   - all demolitions
   - all renovations involving at least 160 ft^2, 260 Lft. or 35 ft^3 of regulated asbestos containing material
2. The asbestos survey report **must be done in accordance with Broward County Code Chapter 27, Section 180** to indicate the presence or absence of asbestos containing material.
3. **Payment of the applicable fees.**

I have received information regarding the use of a Florida licensed asbestos professional and understand that I may be subject to the ten (10) working-day advanced notification requirement under the Federal Law regarding demolitions and renovations **(See reverse side)**.

Owner/Authorized Agent (print) _____ Title: _____

Signature _____ Date _____

**Notice of Demolition* or *Asbestos Renovation* form and fee schedule information at: www.broward.org/epermits

For Official Use: An Asbestos Survey ☐ Is Required ☐ Is NOT Required ☐ $50 SRRA Review Fee Due

WARNING

YOU MAY BE SUBJECT TO SUBSTANTIAL PENALTIES UNDER FEDERAL LAW FOR FAILURE TO PROVIDE WRITTEN NOTIFICATION AT LEAST TEN (10) WORKING-DAYS PRIOR TO DEMOLITION OR RENOVATION. PLEASE BE ADVISED THAT A CITY / COUNTY DEMOLITION OR RENOVATION PERMIT DOES NOT MEET THE REQUIREMENT OF THE TEN DAY NOTIFICATION.

THIS FORM DOES NOT CONSTITUTE A 10 WORKING-DAY NOTIFICATION.

DEMOLITION: The Federal regulations for asbestos require a ten (10) working-day advanced notification from owners or operators (including contractors) engaged in the demolition of a facility. "Facility" is defined to include all structures, installations and multiple buildings, but excludes a single residential building having four or fewer dwelling units. Demolition includes the wrecking or dismantling of any load-supporting structural member. This includes beams and load supporting walls. The notification is required even if no asbestos containing materials are present in the facility, must be accompanied by an asbestos survey performed in accordance with Broward County Code Section 27-180 and the appropriate fee.

RENOVATION: Notification is required for renovation projects of a facility if the amount of Regulated Asbestos Containing Material (RACM) being removed, stripped, or disturbed is greater than or equal to 160 square feet, 260 linear feet of pipe insulation or 35 cubic feet of facility components. The notification is required to be submitted at least ten (10) working-days prior to the renovation and must be accompanied by an asbestos survey performed in accordance with Broward County Code Section 27-180 and the appropriate fee.

Please submit the ***Notice of Demolition or Asbestos Renovation*** DEP Form 62-257.900(1), an **Asbestos Survey Report and the Appropriate Fee** to:

Broward County Environmental Protection and Growth Management Department
Pollution Prevention Division
One North University Drive, Suite 203
Plantation, FL 33324
Phone: 954-519-1260

Or E-mail to: airasbestos@broward.org

Federal asbestos regulations apply to both the facility owner and operator. Both owner and operator can be held liable for failure to submit a ***Notice of Demolition or Asbestos Renovation*** form at least ten (10) working-days prior to a demolition, or renovation involving greater than 160 square feet, 260 linear feet or 35 cubic feet of RACM.

USE OF A FLORIDA LICENSED ASBESTOS CONSULTANT

Florida Statutes require that no person shall conduct an asbestos survey, develop an Operation and Maintenance Plan, prepare abatement specifications, or monitor and evaluate asbestos abatement, unless trained and licensed as an asbestos consultant with the following exceptions:

- A homeowner may act as a licensed asbestos consultant in the home (four or fewer dwelling units) in which they reside if they sign a disclosure statement at the building department.
- Built-up roofing containing asbestos may be removed by state certified roofers under the direction of an onsite roofing supervisor properly trained in asbestos-containing roof removal.

Florida Department of
Environmental Protection
Division of Air Resources Management

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.

CONTRACTOR
CONTACT NAME
JOB ADDRESS

PERMIT NUMBER
CONTACT NUMBER

STRUCTURAL

- ☐ Foundation
- ☐ Exterior Framing
- ☐ Wall Sheathing
- ☐ Columns
- ☐ Tie Beam
- ☐ Truss/Rafters
- ☐ Roof Sheathing
- ☐ Interior Framing
- ☐ Bucks
- ☐ Windows/Doors in progress
- ☐ Insulation
- ☐ Rock Base/ Forms
- ☐ Drywall/Screw
- ☐ Wire Lath
- ☐ Pool Steel
- ☐ Ceiling Grid
- ☐ Above Ceiling Penetrations
- ☐ Drive way
- ☐ Tin Cap and Accessories
- ☐ Mop in Progress
- ☐ Tile/Shingle in Progress
- ☐ Garage door
- ☐ Shutters
- ☐ Final Pool
- ☐ Final Fence
- ☐ Final Roof
- ☐ Final windows/doors
- ☐ Demolition
- ☐ Other_____
- ☐ Final

ZONING

- ☐ Fence
- ☐ Pool
- ☐ Rock Base/Forms
- ☐ Driveway
- ☐ Slab/Deck/Patio
- ☐ Dock/Seawall
- ☐ Sign
- ☐ Other_____
- ☐ Final

Other not included

PLUMBING

- ☐ Rough
- ☐ Water Service
- ☐ Second Rough
- ☐ Top Out
- ☐ Fire Sprinkler Final
- ☐ Roof Drains
- ☐ Gas-rough Inside
- ☐ Gas-rough Outside
- ☐ 200 PSI Test
- ☐ LP tank
- ☐ Well
- ☐ Lawn Sprinkler Rough
- ☐ Sewer Hook-up
- ☐ Main Drain
- ☐ Pool Piping
- ☐ Backflow Preventer
- ☐ Interceptor
- ☐ Catch Basins
- ☐ Condensate Drains
- ☐ Medical Gas
- ☐ Gas Final
- ☐ Lawn Sprinkler Final
- ☐ Demolition
- ☐ Other_____
- ☐ FINAL

MECHANICAL

- ☐ Underground Piping
- ☐ Condensate Drains
- ☐ Rough Ductwork
- ☐ Exhaust Fans/Dryers
- ☐ Fire Dampers
- ☐ Smoke Dampers
- ☐ Ceiling Radiation Damper
- ☐ Hood Systems Rough
- ☐ Refrigerator/Walk Cooler/
- ☐ Freezer
- ☐ Boiler
- ☐ Tanks Above Ground
- ☐ Tanks Underground
- ☐ Demolition
- ☐ A/C Change Out
- ☐ Spray Booths
- ☐ Chimneys and Vents
- ☐ Cooling Towers/ Chiller
- ☐ Systems
- ☐ Process Piping
- ☐ Fireplace Rough/ Ventilation
- ☐ Fireplace Final
- ☐ Hood Systems Final
- ☐ Other_____
- ☐ Final

Electrical

- ☐ Meter Repair
- ☐ Temporary Pole
- ☐ 30 day Temporary
- ☐ Pool Grounding
- ☐ Underground Rough
- ☐ Slab Grounding
- ☐ Rough
- ☐ Ceiling Rough
- ☐ Telephone Rough
- ☐ Telephone Final
- ☐ Television Rough
- ☐ Intercom Rough
- ☐ Sound Rough
- ☐ Central vacuum Rough
- ☐ Service Upgrade
- ☐ Miscellaneous Repairs
- ☐ Pool Niche Light
- ☐ Wall Rough
- ☐ Generator Rough
- ☐ Fire Alarm Rough
- ☐ Television Final
- ☐ Intercom Final
- ☐ Alarm Final
- ☐ Sound Final
- ☐ Central Vacuum Final
- ☐ Demolition
- ☐ Other_____
- ☐ Final

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- **VISIT OUR ONLINE PORTAL TO SCHEDULE YOUR INSPECTION**
- **INSPECTION REQUEST SHALL BE SUBMITTED PRIOR TO 3:00 PM FOR INSPECTION THE NEXT DAY**
- **PLEASE CALL BEFORE 9:00 AM THE MORNING OF THE INSPETION FOR A TIME FRAME OR TO CANCEL THE INSPECTION**
- **ALL NEW CONSTRUCTION, AND ADDITIONS; A SLAB SURVEY AND ELEVATION CERTIFICATE SHALL BE SUBMITTED AND APPROVED PRIOR TO A COLUMN OR TIE BEAM INSPECTION.**
- **SWIMMING POOLS, SHALL HAVE A SPOT SURVEY APPROVED AFTER THE POOL IS GUNITED AND PRIOR TO PERIMITER PLUMBING PRESSURE TEST INSPECTION.**
- **A FINAL SURVEY IS REQUIRED PRIOR TO POOL BARRIER INSPECTION, DECK AND PERIMETER FENCE INSPETION AND FINAL ELECTRIC INSPECTION PRIOR TO MARSITING THE POOL**