



GROWTH MANAGEMENT DEPARTMENT
 201 SE 3rd Street, (Second Floor), Ocala, FL 34471
 (352) 629-8421; Fax: (352) 629-8264
APPLICATION FOR DEMOLITION PERMIT

DATE _____

PROPERTY INFORMATION:

Complete Site Address _____

Parcel # _____ Lot _____ Block _____

Commencement Date _____ Please Circle One: *Residential* or *Commercial*

Property Owner of Record: _____ Daytime Phone #: _____

Property Owner Mailing Address: _____

City: _____ State: _____ Zip: _____

Will a structure be built on the site in the future? _____ Y/N

If Commercial, is there a site plan pending for this property? _____ Y/N

JOB VALUE \$ _____ If more than \$2,500.00, a filed Notice of Commencement is required.

Department/Company	Print Name	Signature	Date
Planning Department 201 SE 3 rd St Fax: 352-629-8264			
Environmental Department 201 SE 3 rd St Fax: 352-629-8264			
Teco People Gas Fax: 352-629-9733			
Water Resources 1805 NE 30 th Av #600 Fax: 352-351-6718			
Century Link (Embarq) 319 SE Broadway St Fax: 352-326-1373			
Licensed Exterminator			
Ocala Electric Utility 1805 NE 30 th Av #400 Fax: 352-401-6991			
Telecom 1805 NE 30 th AV #500 Fax: 352-401-6902			
Cox Cable 2410 SW 27 th Av Fax: 877-873-0912			

CONTRACTOR:

Contractor Business Name: _____ Contact Person: _____

Phone #: _____ Fax #: _____ Email Address: _____

License Holders Name: _____

State License #: _____ City Comp. #: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

FOR FURTHER INFORMATION CONTACT THE GROWTH MANAGEMENT DEPARTMENT 352-629-8421 OR FAX TO 352-629-8264.

This demolition is required by an order entered in with Code Enforcement Case # _____.

Owner/Contractor- I certify that I have sent FDEP the Notice of Asbestos Renovation or Demolition Form (attached), and have complied with all requirements, including, but not limited to, conducting a thorough asbestos inspection prior to the commencement of the demolition or renovation. **Asbestos Notification Statement:** Refer to Florida Statutes 469 which provides licensing, training and surveying requirements for asbestos abatement. Please contact the Florida Department of Environmental Protection at (850) 245-2118 for information on Chapter 62-257 F.A.C. which provides requirements for demolition and asbestos renovation.

I agree to notify and obtain the approval of the appropriate representatives of the following utilities: **Gas, Telephone, Water, and Electric Utilities.**

I further agree to have the structure exterminated for rodents by a licensed exterminator and assume total and absolute responsibility for the demolition of the improvement upon the described lands for any damages to utilities as a result of same, and if in the **Historic District, a certificate of appropriateness must be obtained from the Ocala Historic Preservation Advisory Board (OHPAB).**

- All signage on property **MUST** be removed at time of demolition.
- The Building Department will issue a demolition permit 48 hours after receipt of this form.

I agree to schedule a final inspection.

All the above information must be completed or the application will NOT be processed.

OWNER:

CONTRACTOR:

OWNER'S SIGNATURE DATE

CONTRACTOR'S SIGNATURE DATE

NOTARY

STATE: _____

STATE: _____

COUNTY: _____

COUNTY: _____

The foregoing was acknowledged before me this
_____ Day of _____ 20____

The foregoing was acknowledged before me this
_____ Day of _____ 20____

By _____

By _____

Who is personally known to me or has produced
Identification.

who is personally known to me or has produced
Identification.

Type of Identification produced: _____

Type of Identification produced: _____

Notary Public (Seal)

Notary Public (Seal)



Florida Department of Environmental Protection
Division of Air Resource Management

DEP Form 62-257.900(1)
Effective 10-12-08
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NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

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 Building 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 Email Address
Address
City State Zip

III. Contractor's Name Phone Email Address
Address
City State Zip

Is the contractor exempt from licensure under section 469.002(4), 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. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components.

Procedures to be Used (Check All That Apply):

Table with 4 columns: Strip and Removal, Glove Bag, Bulldozer, Wrecking Ball; Wet Method, Dry Method, Explode, Burn Down; OTHER:

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. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM.

Amount of RACM or ACM*
RACM 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
*Identify and describe surfacing material and other materials as applicable:

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

Name:
Address:
City:
State/Zip:

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.

(Print Name of Owner/Operator) (Date)
(Signature of Owner/Operator) (Date)

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.
- 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. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (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 in accordance with 40 CFR section 61.145(3)(c)(i).)
- 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.) Identify and describe the listed surfacing material and other listed materials as applicable.
- 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.



ADDRESS REQUEST APPLICATION

(Drop this off with the Building Permit paperwork if pulling a permit for new construction or creation of a new unit or demolition)

There are directions printed on the reverse side of this form. If you have received a copy without them, please ask for a new copy.

1. WHERE IS YOUR PROPERTY LOCATED?

Parcel ID Number _____ Section _____ Township _____ Range _____
Subdivision & Phase/UnitBlock _____ Lot(s) _____

2. WHAT TYPE OF WORK ARE YOU DOING?

(circle one from this group) SFR Mbl/Mfg Home Commercial Bldg Vacant Other _____
(circle one from this group) NEW REPLACEMENT* RENOVATION

*List the former structure's address here _____

Resident name _____ Structure Phone # _____

If the property is being demolished, will a new structure be built in the future? _____

3. SITE PLAN INFORMATION: SITE PLAN MUST BE COMPLETE, NO EXCEPTIONS

All structures must be indicated. All addresses must be identified for existing structures. All roads bordering your property must be identified. Indicate front door. The property dimensions indicated on your site plan must match your legal description. (If you only have a part of the parcel above, include a copy of your deed)

What road does your driveway access? _____

____ Structure is 50' or more from frontage road OR

____ Access to, or vision of, front door is/will be obstructed in some way (fence, ditch, etc.) OR

____ Corner lot - **Which** street does your front door face? _____

4. MAIL THE INFORMATION TO THE FOLLOWING ADDRESS:

I CAN BE REACHED BY PHONE M-F 8-5

NOTE: Incomplete or illegible items delay address processing and may result in permit hold, c/o hold, non-issuance or change of address for your structure.

5. OFFICE USE ONLY ARN# _____ Work Type _____ By _____ Date _____

Address _____ MMV _____

Community _____

Letter Type (R / C / V / T) _____ MapUsed _____

HOW TO COMPLETE THE ADDRESS APPLICATION

Section 1- Fill in all blanks in this section

A copy of the site plan is required to plot **every** legal description supplied. If it DOES NOT match, an effort to contact you by phone will be made. If unsuccessful, notes and/or a permit hold will be placed against the permit.

If replacing a home or your present address needs verification, all current phone numbers assigned to that structure **MUST** be listed.

Section 2 - Check one work type option *AND* one structure type

Identifying structure type is how your address is referenced. This also prevents duplicate addressing and re-addressing of structures or parcels where the address is already known. Indicate if a NEW structure is being added or an existing one is being REPLACED.

If “other” is selected, identify what type of work is being done (well, electric, pole barn)

Section 3 - The site plan must be complete to receive a Marion County 9-1-1 Management sign off

- Indicate all streets surrounding your property
- Indicate the FRONT of your structure
- Show all structures (barns, apartments, guest houses, etc)
- Your property dimensions **MUST MATCH** your legal description of current record
- If there is a change in your legal, include a copy of your deed, showing the new legal

Note: The site plan may be hand-drawn to scale. A copy may be printed from the property appraiser's website, using the “Map It” tool: www.pa.marion.fl.us

Section 4 - Complete return/mailing information

All contact information must be completed, including your name, company name, full address (city, state, zip code). *Include your phone number in case there are questions regarding the application*

Section 5 - Leave this entire section blank

The last section is for our office use only. It will be filled in Marion County 9-1-1 Management.

If you have any questions, please call Marion County 9-1-1 Management at (352) 671-8460.