



**DEMOLITION / MOVE
PERMIT APPLICATION**

Applicant Services Division Office: (850) 891-7125
 Mailing: 300 S Adams St., B-28 Fax: (850) 891-0948
 Physical: 435 N Macomb St.
 Tallahassee, Florida 32301 www.tal.gov.com

TBB # :

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. STRUCTURES OVER 3 STORIES OR 50 FEET IN HEIGHT REQUIRE A LICENSED CONTRACTOR.

LOCATION _____ LOT _____ BLK _____
 (Street Number) (Street Name)

SUBDIVISION NAME _____ PARCEL I.D. NO.: _____

Owner of Structure _____ Telephone #: () _____

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

Contractor _____ Telephone #: () _____

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

License No _____ Fax #: () _____

CODE	DESCRIPTION OF WORK	TOTAL COST OF DEMOLITION	CHECK WHICH APPLIES:
06	<input type="checkbox"/> Demolition	\$ _____	<input type="checkbox"/> SEWER SYSTEM: Public or Private Company
08	<input type="checkbox"/> Move	HEIGHT _____	<input type="checkbox"/> SEPTIC TANK: To be removed or abandoned: Contact Leon Cty Health Dept. (850) 487-3166
CODE	BUILDING CLASSIFICATION	NUMBER OF STORIES _____	<input type="checkbox"/> WELL: To be removed or abandoned: Contact City Aquifer Protection (850) 891-1200
01	<input type="checkbox"/> One Family Detached	BLDG/ SIGN AREA (sq. ft) _____	<input type="checkbox"/> TREES on site will be affected by demolition or move
02	<input type="checkbox"/> Duplex	IMPERVIOUS AREA (sq. ft) _____	
15	<input type="checkbox"/> Business	BOARD ORDERED DEMOLITION Y / N _____	
22	<input type="checkbox"/> Office	PROPOSED LOCATION OF MOVED BUILDING: _____	
33	<input type="checkbox"/> Off-Site Advertising Sign		
___	<input type="checkbox"/> Other _____		

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

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 needed 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. Y / N _____

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: _____	<small>(Disconnect faxed to Utilities by staff)</small>
	<u>Name</u>	<u>Date Contacted</u>	
A. Elec. Dept.	_____	_____	891-5065
B. Gas Dept.	_____	_____	891-5636
C. Water Dept.	_____	_____	891-5432
D. Sewer Dept.	_____	_____	891-1324
E. Aquifer Prot.	_____	_____	891-1226

STAFF USE ONLY

PERMIT FEES

TYPE OF CONSTRUCTION _____	TOTAL FEE Paid @ Application: _____
ZONING DISTRICT _____	BUILDING: \$ 75.00 _____
	ENVIRONMENTAL: _____
	TRAINING: \$ 2.50 _____
	MARKER FEE: \$ 35.00 _____
	LOCATION FEE: _____
	CAPPING FEE: _____
	OTHER FEE: _____
	TOTAL DUE _____

Plan Review Record _____ First Review Date _____ Second Review Date _____

Zoning _____

Environmental _____