

DEMOLITION PERMIT APPLICATION

PERMIT TYPE (check one): ☐ **BUILDING** ☐ **MECHANICAL** ☐ **ELECTRICAL** ☐ **PLUMBING**

FOR OFFICE USE ONLY		INSTRUCTIONS: Application must be typed or printed in ink. Submit original application signed and notarized. Attach (2) two sets of hard copy plans, specs, product approvals, calcs and asbestos abatement report (REQUIRED). For assistance call 954.766.2717 .	
Permit No. _____ File No. _____			
1. BC Proj. Mgr.:		Mobile:	Email:
2. BC Project No.:		Asbestos Abatement report attached: Y <input type="checkbox"/> N <input type="checkbox"/>	
3. Campus: <input type="checkbox"/> North <input type="checkbox"/> Central <input type="checkbox"/> South <input type="checkbox"/> DTC <input type="checkbox"/> Cypress <input type="checkbox"/> Coral Springs <input type="checkbox"/> Miramar <input type="checkbox"/> Other			
4. Building No. / Location:			
5. Proposed Work: <input checked="" type="checkbox"/> Demolition Scope of Work:			
6. Est. Cost	Est. Duration	Days	Est. Sq Ft.
7. Contracting Firm:			
8. Address:			
9. Qualifier Name:		License No.:	Phone:

This 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, ROOFS, FURNACES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc...

OWNER/CONTRACTOR 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.

"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."

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

10. Owner (or BC Project Manager):

Contractor Qualifier:

Print Name of Contractor

Date: _____

Owner or Program Manager Signature

STATE of FLORIDA, COUNTY of _____
Sworn to and subscribed before me this ____ day of _____, 20__, by _____.

Notary Signature

(SEAL)

Personally known ☐ OR produced identification ☐

Type of identification produced _____

Electronic Signature

Building Code Administration Use Only

BCAD Approval Signatures:

Application Approved by: _____ Date: _____