

# DEMOLITION PERMIT APPLICATION



[PERMITTING@LAKEWALESFL.GOV](mailto:PERMITTING@LAKEWALESFL.GOV)

City of Lake Wales  
201 Central Ave W  
Lake Wales, FL. 33853  
Phone # (863) 676-5115

REQUESTED START DATE: \_\_\_\_\_ REQUESTED COMPLETION DATE: \_\_\_\_\_

PARCEL ID NUMBER: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

DEMOLITION SITE STRUCTURE \_\_\_\_\_  
TYPE/SCOPE OF WORK \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ CONTACT # / EMAIL ADDRESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR / LICENSE NUMBER \_\_\_\_\_ CONTACT # / EMAIL ADDRESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**NOTE:** Service utility connections shall be discontinued and capped in accordance with the approved rules and requirements of the utility provider.

**ATTENTION UTILITY PROVIDER:** Please sign the appropriate space below only after you are satisfied that the utility service has been disconnected and capped off to the satisfaction of your regulations.

UTILITY	COMPANY	DATE	AUTHORIZED SIGNATURE
Water	City of Lake Wales Utilities	_____	_____
Electric	Duke Energy	_____	_____
Gas/Propane	Central Florida Gas	_____	_____
Phone	Frontier Engineering	_____	_____
Sanitation	Lake Wales Reclamation	_____	_____
NOC	Polk County Clerk of Courts	_____	_____
Building	City of Lake Wales - Building Official	_____	_____

This permit is issued for the purpose of demolition or removal only and shall not be used for the purpose of new construction except bracing, shoring, or temporary support for the building or structure which is being demolished or removed. This permit shall expire in six months (180 days) from issue date or as determined by the Building Official and a new demolition permit will be required.

By signing this application you agree to comply with the Florida Building Code, and all applicable rules and regulations of the City of Lake Wales, FL., and Polk County FL.  
It is the sole responsibility of the property owner to notify any lien-holder(s) or other parties who may have an interest in the property regarding the demolition project.

Contractor Signature:	Contractor Name	DATE	Owner Signature	Owner Name	DATE
____ Personally Known			____ Personally Known		
____ Produced ID _____			____ Produced ID _____		
STATE OF FLORIDA			STATE OF FLORIDA		
COUNTY OF POLK			COUNTY OF POLK		
Subscribed and sworn to me this _____ day			Subscribed and sworn to me this _____ day		
of _____, 20____			of _____, 20____		

\_\_\_\_\_  
Notary Public Signature  
Seal:

\_\_\_\_\_  
Notary Public Signature  
Seal:



Permitting@LakeWalesFL.gov  
201 W Central Ave, Lake Wales, FL  
33853 Office: 863-676-5115

## Asbestos Disclosure Statement

**JOB ADDRESS:** \_\_\_\_\_

### ASBESTOS NOTICE TO OWNER BUILDER

**Disclosure Statement:** State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of the exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

### **6<sup>th</sup> Edition Florida Building Code-105.3.6 Asbestos removal.**

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form:

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

**Owner Printer Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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. If you intend to obtain financing. Consult with your lender or any 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 the 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.

### ASBESTOS NOTICE TO CONTRACTOR

**Contractor Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**It is your responsibility to comply with the provisions of Section 469.003, Florida Statutes and to notify the Department of Environmental Protection of any intentions to remove asbestos when applicable in accordance with state and federal law.**

\_\_\_\_\_  
**Contractor Signature**

\_\_\_\_\_  
**Contractor Printed Name**

\_\_\_\_\_  
**Date**