



**Building Permit Application
DEMOLITION**

Escambia County, FL

BUILDING PERMIT NO.:
MASTER PERMIT NO.:
DATE:

Job Address:		Floor/Unit No.:
Contractor		Phone No.:
Owner:		Phone No.:
Type of Building:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
No. of Units:	No. of Floors:	Cost of Demolition \$

Total Square Footage:

Description of work:

Type of Drainage System :	<input type="checkbox"/> Sewer	<input type="checkbox"/> Septic
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EHD Tank Abandonment Number:

Service Utility Connections:

<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Gas
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Driving Directions:

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has been 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 may be required for all ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, HEATING, AND VENTILATING SYSTEMS ELEVATORS, ESCALATORS AND TRANSPORTING ASSEMBLINGS, GAS, SPRINKLER, ROOFING AND INSTALLATIONS, ETC. **OWNER'S AFFIDAVIT:** I certify that 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 AT THE ESCAMBIA COUNTY CLERK OF COURTS AND A CERTIFIED COPY FILED AT THE BUILDING INSPECTIONS DIVISION, BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

If you are not the owner of the property being permitted, by signing this application, you hereby certify that you are the authorized agent of the owner. Furthermore, you must, by law, promise to inform the owner that the property in question is being subjected to possible liens and/or attachment, and must deliver all forms and notices required by law to the owner.

Signature of Owner or Agent:	Date:	Signature of Contractor:	Date:
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Notary as to Owner or Agent:	Notary as to Contractor:
STATE OF FLORIDA/COUNTY OF _____	STATE OF FLORIDA/COUNTY OF _____
Sworn to and subscribed before me this _____ day of _____, 20____.	Sworn to and subscribed before me this _____ day of _____, 20____.
by _____, who is/is not personally known to me or who has produced _____ as identification.	by _____, who is/is not personally known to me and produced _____ as identification.
_____ SIGNATURE OF NOTARY	_____ SIGNATURE OF NOTARY
Printed Name of Notary: _____	Printed Name of Notary: _____
Comm. Expires:	Comm. Expires:
Escrow Acct. No.	Contractor's License No.: _____