



**Okeechobee County  
Community Development Department**

1700 NW 9th Avenue, Suite A , Okeechobee, FL 34972

Phone (863) 763-5548 Fax (863) 763-5276

**DEMOLITION PERMIT APPLICATION**

Permit # \_\_\_\_\_

**DEMOLITION PERMITS EXPIRE 60 DAYS AFTER ISSUANCE**

Please completely fill out this form to provide all information for the work you are proposing. In addition to this permit application, a permit checklist for the scope of work you are proposing is also required to be completely filled out and submitted.

<p><b>Owner Information</b></p> <p>Owner _____          Lessee _____          Address _____          City _____          State _____ Zip _____          Phone (____) _____          E-mail _____          Signature _____</p>	<p><b>Contractor Information</b></p> <p>Qualifier _____          Company _____          Address _____          City _____ State ____ Zip _____          E-mail _____          Phone (____) _____          License No. _____          Signature _____</p>
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Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Requested Work / Improvement Type Check all that apply	Description of Proposed Improvement																						
<table style="width:100%;"> <tr> <td><input type="checkbox"/> Residential Single Family</td> <td><input type="checkbox"/> Commercial</td> </tr> <tr> <td><input type="checkbox"/> Residential Multi-Family (number of units _____)</td> <td></td> </tr> <tr> <td align="center"><b>WORK</b></td> <td align="center"><b>IMPROVEMENTS</b></td> </tr> <tr> <td><input type="checkbox"/> New Construction</td> <td><input type="checkbox"/> Building</td> </tr> <tr> <td><input type="checkbox"/> Install</td> <td><input type="checkbox"/> Manufactured Building</td> </tr> <tr> <td><input type="checkbox"/> Repair/Replace</td> <td><input type="checkbox"/> Structure</td> </tr> <tr> <td><input type="checkbox"/> Remodel/Renovate</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td><input type="checkbox"/> Demolish</td> <td><input type="checkbox"/> Roof</td> </tr> <tr> <td><input type="checkbox"/> Site Work/Excavation</td> <td><input type="checkbox"/> Pool/Spa</td> </tr> <tr> <td><input type="checkbox"/> Change of Contractor</td> <td><input type="checkbox"/> Concrete/Asphalt</td> </tr> <tr> <td><input type="checkbox"/> Other (describe) _____</td> <td><input type="checkbox"/> Other (describe) _____</td> </tr> </table>	<input type="checkbox"/> Residential Single Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential Multi-Family (number of units _____)		<b>WORK</b>	<b>IMPROVEMENTS</b>	<input type="checkbox"/> New Construction	<input type="checkbox"/> Building	<input type="checkbox"/> Install	<input type="checkbox"/> Manufactured Building	<input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Structure	<input type="checkbox"/> Remodel/Renovate	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolish	<input type="checkbox"/> Roof	<input type="checkbox"/> Site Work/Excavation	<input type="checkbox"/> Pool/Spa	<input type="checkbox"/> Change of Contractor	<input type="checkbox"/> Concrete/Asphalt	<input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Other (describe) _____	<p>The structure proposed to be demolished is</p> <p><input type="checkbox"/> CBS <input type="checkbox"/> Frame <input type="checkbox"/> Steel <input type="checkbox"/> Manufactured Home</p> <p>Describe the work you are proposing</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Square Footage: Total _____</p> <p>Living Area _____</p> <p>Porch/Covered Entry _____</p> <p>Garage/Shed/Storage _____</p> <p>Estimated Value \$ _____</p>
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**Proposed Improvement Location**

Vacant - never developed  Vacant - was developed  Developed (describe) \_\_\_\_\_

Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Parcel Identification Number \_\_\_\_\_

Directions to Property \_\_\_\_\_

**Provide Finished Floor Information for all Structures and Additions**

Finished Floor Certification or FEMA Elevation Certificate required to obtain Certificate of Occupancy

Proposed Finished Floor Elevation \_\_\_\_\_ Base Flood Elevation \_\_\_\_\_ Crown of Road Elevation \_\_\_\_\_

**Permitting Threshold Information**

Source of Potable Water \_\_\_\_\_ Source of Sewage Disposal \_\_\_\_\_

( ) Yes ( ) No ( ) N/A Has the proposed project been approved by the Site Plan Technical Review Committee?

( ) Yes ( ) No Are there any existing violations on the proposed improvement site?

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building permit. I understand that a separate permit must be secured (as applicable) for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS & AIR CONDITIONERS, etc.

The applicant agrees to comply with County Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit creates no legal liability, express or implied, of the Department, County, Agency or Inspector. Have permit number and address when requesting inspections. Call 863-763-5548 for inspections. Give at least 24 hours notice for all inspections.

OWNER'S 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 in this jurisdiction.

**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 BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
(Signature of Owner or Agent)

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
(name of person making statement)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
(Signature of Contractor)

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
(name of person making statement)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary Public)

**ZONING APPROVAL:**

**BUILDING APPROVAL:**

Date	Tranaction #	Check #	Cash	Total Permit Fee \$
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<b>Building Permit Tech.</b>	
<b>Fire Rescue</b>	
<b>Planning Division</b>	
<b>Plans Examiner</b>	
<b>Permit Issuance</b>	

**OFFICE USE**

APPROVALS	Subdivision _____	Zoning District _____
	Plat Book _____ Page _____	Petition # _____
	Project # _____	Special Exception      Rezoning      Variance
	Future Land Use _____	Used Dwelling      Temporary Use      Other
	Zoning _____	SPMH # _____
	Inspection Area _____	Minimum Setbacks
Parcel Comments _____	Front      Left      Right      Rear	
JUR    SEC    TWP    RNG    SUB                  BLOCK    LOT	Proposed Setbacks	
_____	Front      Left      Right      Rear	
_____	Official Address _____	

BUILDING CHARACTERISTICS	Flood Zone _____	Type of Sewage Disposal	Type of Water Supply
	Base Flood Elevation On File _____	<input type="checkbox"/> Public/Private Utility Provider _____	<input type="checkbox"/> Public/Private Utility Provider _____
		<input type="checkbox"/> Private Septic Tank Septic Tank No. _____	<input type="checkbox"/> Private Well
	Occupancy Type	Mixed Occupancy	Construction Type
Group _____	Separation Req. _____	Type _____	
# Units _____	Principle Type Group _____	<input type="checkbox"/> Protected	
Dimensions	Accessory Type Group _____	<input type="checkbox"/> Unprotected	
Number of Stories _____	Area Modification	<input type="checkbox"/> Sprinkler	
Height _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Area _____			

PERMITS ISSUED FOR	Prefix	Type Code	Action Code	<input type="checkbox"/> Description Code _____
	<input type="checkbox"/> Building Residential	<input type="checkbox"/> Primary	<input type="checkbox"/> Construct	Transaction # _____
	<input type="checkbox"/> Building Commercial	<input type="checkbox"/> Sub	<input type="checkbox"/> Addition	Plans Review Fee _____
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Sign Tag	<input type="checkbox"/> Alteration	Check # _____
<input type="checkbox"/> Plumbing	# _____	<input type="checkbox"/> Repair	Cash _____	
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Reference	<input type="checkbox"/> Demolition	Transaction # _____	
<input type="checkbox"/> Concrete	# _____	<input type="checkbox"/> Relocation	Permit Fee _____	
<input type="checkbox"/> Temporary		<input type="checkbox"/> Manufactured	Check # _____	
<input type="checkbox"/> _____		<input type="checkbox"/> Installation	Cash _____	

SUPPLEMENTAL PERMIT REQUIREMENTS	TYPE	REQ	AUTH		DWG REQ	REV REQ	FEE REQ	PLAN	
			Y	N				REV FEE	NOC
#									
ELECTRICAL									
HVAC									
PLUMBING									
ROOFING									
ALARM SYSTEM									
FIRE SPRINKLER									
FIRE SUPPRESSION									
FUEL LINES									
FUEL TANK									
GAS									
HVAC/DUCT									
HVAC/HOOD									
LOW VOLTAGE									

**ZONING APPROVAL:**

**BUILDING APPROVAL:**