



Demolition Permitting Checklist

Please verify that your permit application package contains all applicable items required for permit issuance. Your permit application will not be processed if the required information is not complete or marked not applicable.

- Subcontractor Affidavits*
- Survey Signed & Sealed (2)*
- Pest Control Inspection Report.*
- Above and Below Ground Liquefied Petroleum and Oil Tank Removal Verification.*
- Florida Power and Light Disconnect Letter.*
- Water Meter Removal Letter & spigot for wet demolition.*
- Copy of EPA License and letter from contractor regarding recovery of refrigerants.*
- Approved Department of Health Inspection Checklist (See attached DOH application)*
- Stormwater Pollution Plan and Permit*
- Land Clearing Permit Application / Soil stabilization/grass*
- Demolition Plan*
- Fire Service Water Meter/Main Removal Letter (Commercial only)*
- Sewer capped & stubbed up 3ft.*
- Backflow preventer installation.*
- Construction barrier and silt fencing.*
- Tree protection with 2" x 2" stakes and perimeter marking tape.*
- Wet demolition required for dust control.*

NOTES:

- ***A Pre-Demolition Inspection is Required!***
- ***It is unlawful for any person to perform or engage in any construction work within the town between the hours of 7:00 pm and 7:00am the next day. This excludes any gated communities. It is the contractor's responsibility to obtain the allowable work times for each community.***



APPLICATION FOR APPROVAL OF DEMOLITION
FLORIDA DEPARTMENT OF HEALTH – INDIAN RIVER COUNTY
 1900 27th Street, Vero Beach, FL 32960
 Ph: 772-794-7440
 Fax: 772-794-7447



Application # _____

No structure in Indian River County shall be demolished unless an approval for same has been issued by the Health Department. Any demolition shall be performed in compliance with the terms and conditions of such approval. (Ord. No. 2003-015, § 4, 4-22-03)

Note that reinspection of the site will require an additional fee.

NOTICE: The Florida Department of Environmental Protection requires an asbestos survey and notification – applicant is responsible for compliance.

Please print or type

ADDRESS OF PROPERTY	Street Address
	City Zip Code
Property Owner's Name	
Owner Contact Numbers	Business Cell

DESCRIPTION OF STRUCTURE(S) TO BE DEMOLISHED OR RENOVATED

Type of Construction <i>(check one)</i> CBS <input type="checkbox"/> W/F <input type="checkbox"/> Steel <input type="checkbox"/> Other <i>(describe)</i> _____	Type of Structure <i>(check one)</i> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other <i>(describe)</i> _____
Date Constructed	Square Footage
Water Supply <i>(check one)</i> Private Well <input type="checkbox"/> City/County Water <input type="checkbox"/>	Sewage Disposal <i>(check one)</i> Septic tank(s) <input type="checkbox"/> City/County Sewer <input type="checkbox"/>

Contractor's Name	
Contractor's Contact Numbers	Business Cell
Access to Structure <i>(check one)</i> Structure will be open for inspection <input type="checkbox"/> Key is available for access <input type="checkbox"/> Details <i>(describe)</i> _____	

SIGNATURE OF OWNER OR OWNER'S AGENT _____

PRINTED NAME _____

DATE OF APPLICATION _____

To be completed by owner or owner's agent and submitted with required fee to:

Florida Department of Health - Indian River County
 Environmental Health Division
 1900 27th Street
 Vero Beach, FL 32960

TO BE COMPLETED BY HEALTH DEPARTMENT
 FEE *(check one)*

S/F - \$75.00
 M/F or Commercial less than 3000 SF - \$100.00
 Commercial - \$150.00

NOTE: Reinspection of site will require an additional \$50 fee