CITY OF
ORLANDO

DEMOLITION PERMIT APPLICATION

*For digital submittal, please email this application to digitalpermits@orlando.gov

Date: _____

Job Site Address or Parcel ID #: _____

Job/Project Name: _____

Property Owner Name:_____ Phone:_____

Address: _____

Business Owner Name: _____ Phone:_____

Address:_____

Fee Simple Titleholder's Name (if other than owner): _____

Fee Simple Titleholder's Address (if other than owner): _____

Contractor Name:_____ Lic #_____

Address: _____ Email: _____

Contractor Company Name:_____

Contractor Company Address:_____

Digital Plans Applicant Name: _____

Email: _____ Phone: _____

Date of Demolition: _____

Work Description: _____

_____

General

Structure Type: Commercial   Residential 1 or 2 units   Residential 3 or more units   # of units:_____

Construction Type: Brick   Concrete Block   Wood Frame   Tilt Wall   Other: _____

Demolition Method: Ball   Bulldozer/Backhoe   Dynamite   Other: _____

Party Wall Involved?   Yes   No   Tree Removal?   Yes   No

If you are removing trees, a tree removal permit is required.

Number of Stories: _____Gross Sq. Ft. of Bldg. to Demolished: _____

Sewer Disconnect?   Yes   No   **Estimated Demolition Cost: $_____**

Related to Code Enforcement Action? (Y/N)_____   (only needed if not a building/structure i.e. pool, dock, etc.)

If this application for permit involves the demolition, alteration, or renovation of a commercial building or a residential project of four (4) or more dwelling units you are required to provide "Notice of Asbestos Renovation or Demolition" per Rule 62-257.301(1), F.A.C. Notice: Contact Orange County Environmental Protection Division at 407.836.1400 for Demolition and Asbestos Removal Notification Requirements prior to start of demolition or renovation work.

ECONOMIC DEVELOPMENT · PERMITTING SERVICES
Orlando City Hall · 400 South Orange Avenue · First Floor
PO Box 4990 · Orlando, FL 32802-4990
P 407.246.2271 · F 407.246.2206 · orlando.gov/permits

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Note: Owner furnished equipment and materials must be included in Estimated Construction Cost. If the estimated cost of this job is greater than $5,000 a certified copy of the recorded Notice of Commencement must be filed with Permitting Services prior to scheduling your first inspection. Application is hereby made to obtain a permit to do the demolition as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating demolition in the City of Orlando. 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.

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.

If you are not the owner of the property being permitted, you must, by law (FS 713.135 (c)) promise to inform the fee simple titleholder that the property in question is being subjected to possible liens and/or attachment.

OWNER: _____ Date: _____

Print Name: _____(Owner)

(Owner)
STATE OF FLORIDA
COUNTY OF _____SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by _____,
known to me to be the person described in and who executed the foregoing. He/she is personally known to me or has produced _____
(type of identification) as identification.
WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, 202___.

_____
Notary Public Signature

Print Name: _____
My Commission Expires: _____

CONTRACTOR: _____ Date: _____

Print Name: _____(Contractor)

(Contractor)
STATE OF FLORIDA
COUNTY OF _____
SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by _____, known to me to be the person described in and who executed the foregoing. He/she is personally known to me or has produced _____(type of identification) as identification. WITNESS my hand and official seal in the County and State last aforesaid this _____day of _____, 202___.

_____
Notary Public Signature
Print Name: _____
My Commission Expires: _____

CERTIFICATE OF COMPETENCY HOLDER
Contractor's State Certification or Registration No._____
Contractor's Certificate of Competency No._____

For plan review status, inspection scheduling/results and other permitting information, please call "PROMPT", our Interactive Voice Response system at 407.246.4444 or click here.

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