



Community Development Dept.
Building Division
 4200 Indian Bayou Trail, Destin, Fl. 32541
 Ph: (850) 654-1119 Fax: (850) 837-7949

Demolition Permit Application

DATE: _____

JOB SITE ADDRESS: _____ PROJECT NAME: _____

PARCEL ID: _____ LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY OWNER: _____

CONTRACTOR CO. NAME: _____

ADDRESS: _____

QUALIFIER NAME: _____

CITY, STATE, ZIP: _____

STATE LICENSE #: _____ COMP#: _____

PHONE: _____ FAX: _____

ADDRESS: _____

MOBILE/CELL: _____

CITY, STATE, ZIP: _____

FEE SIMPLE TITLEHOLDER'S NAME: _____
 (If other than owner)

PHONE: _____ FAX: _____

ADDRESS: _____

CONTACT PERSON: _____

CITY, STATE, ZIP: _____

MOBILE/CELL: _____

ARCHITECT/ENGINEER: _____ ADDRESS: _____

BONDING COMPANY: _____ ADDRESS: _____

MORTGAGE LENDER NAME: _____ ADDRESS: _____

DESCRIPTION OF WORK TO BE DONE: _____

CATEGORY TYPE: Residential Commercial Code Year Edition FBC/RBC: _____ Height: _____ Story: _____

*Asbestos notification statement must be completed on all commercial building demo projects to comply with Section 469.003, Florida Statutes.

TOTAL VALUE (MATERIAL & LABOR): _____
 (excluding lot)

FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.

Applicants Signature: _____ Date: _____

Reviewed by: _____ (Building Div. – Permit Officer) Date: _____

Applicants Printed Name: _____

Received By: _____ (initials) Date: _____

CITY OF DESTIN - BUILDING DIVISION

PERMIT APPLICATION

NOTICE TO OWNER / CONTRACTOR

JOB SITE ADDRESS: _____ PROJECT NAME: _____

PAECCEL ID: _____ LOT: _____ BLOCK: _____ SUBDIVISION: _____

Application is hereby made to obtain a permit to do the work and installation as indicated. ***I certify that no work or installation has been commenced prior to issuance of a permit*** and that all work will be performed to meet all codes, standards and laws governing construction in this jurisdiction. I also certify that all required insurances for me and any trades are in accordance with state laws. I understand that a separate permit must be secured for **BUILDING, ELECTRICAL WORK, PLUMBING, MECHANICAL, ROOFING, SIGNS, POOLS and Right of Way (ROW) CONSTRUCTION**, etc.

OWNER / CONTRACTOR 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 per State and City of Destin.

If the direct contract is greater than \$2500, the applicant/owner must file a NOTICE OF COMMENCEMENT.

“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.”

FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.

Must be signed in presence of a Notary

Signature Date
Owner or Agent (including contractor)

Signature Date
Contractor

STATE OF FLORIDA
COUNTY OF OKALOOSA
Sworn to (or affirmed) and subscribed
before me this _____ day of _____, 20____
by _____ who is known
to me or has produced _____
as identification.

STATE OF FLORIDA
COUNTY OF OKALOOSA
Sworn to (or affirmed) and subscribed
before me this _____ day of _____, 20____
by _____ who is known
to me or has produced _____
as identification.

Notary Signature as to Owner Date

Notary Signature as to Contractor Date

SEAL:

SEAL:



**Community Development Department
 Planning Division**
 4200 Indian Bayou Trail, Destin, FL 32541
 Phone: (850) 837-4242 Fax: (850) 837-7949 or
 (850) 650-0693

Planning Div. Date Received Stamp

DEMOLITION

Building/Construction Permit Application Supplement

JOB SITE ADDRESS: _____

PARCEL ID(S): _____

FINAL DEVELOPMENT ORDER NO. (If applicable): D.O.- _____ **-** _____

DESCRIPTION OF WORK (Related to Permit Type): _____

DEMOLITION WITHIN CITY RIGHT-OF-WAY ? (Y/N)
 (If YES, provide a copy of the ROW permit.)

SOUTH OF COASTAL CONSTRUCTION CONTROL LINE? (Y/N)
 (If YES, provide a copy of the FDEP permit)

WHITE SAND ZONE: ZONE I / ZONE II / NONE

Planner: _____ **Date:** _____

Stormwater Specialist/Floodplain Manager: _____ **Date:** _____