



JEFFERSON COUNTY BUILDING DEPARTMENT

DEMOLITON OR RELOCATION PERMIT

DATE: _____

APPLICANT:
ADDRESS:
PHONE:

PLEASE SUBMIT 2 COPIES OF THE FOLLOWING (x):

SITE PLAN	
DEED TO PROPERTY	
DEMOLITION PLAN FOR INTERIOR ONLY	

CURRENT LOCATION OF STRUCTURE:		
PARCEL IDENTIFICATION NUMBER:		
FUTURE LOCATION:		
PARCEL IDENTIFICATION NUMBER		
CONTRACTOR/OWNER INFORMATION (INSERT BELOW)		
NAME:		
ADDRESS:	CITY:	STATE:
PHONE INFO		
CELL/MOBILE:	OFFICE:	
VALUATION:	\$	
DATE OF DEMOLITION/RELOCATION:		
DEMOLITION METHOD(S):		
SEPTIC SYSTEM ABANDONMENT/ REMOVAL APPROVAL FROM HEALTH DEPARTMENT SUBMITTED	Y	N
DESCRIPTION OF INTERIOR WORK IF APPLICABLE:		

Please Note:

1. Florida Department of Environmental Protection-Notification of Asbestos Removal.
It is the owner/operator's responsibility to comply with asbestos NESHAPS regulations and Florida Statute 469.003.
2. Utility Disconnection must be completed prior to demolition or relocation.