



DIVISION OF BUILDING SAFETY
SHANE GERWIG, Building Official
 201 South Rosalind Avenue, 1st Floor
Reply To: Post Office Box 2687 ▪ Orlando, Florida 32802-2687
 Phone - 407-836-5550
 www.ocfl.net/building

Pre-Demolition Form

Requirements for Pre-demolition inspection:

- A copy of the site plan to scale

For Fees please refer to:
<http://www.orangecountyfl.net/Portals/0/resource%20library/Open%20Government/FeeDirectory.pdf>

Note:
 After the Pre-demolition inspection, the following documents will be required for a Demolition Permit.

- Completed *Certification of Service Disconnect* form
- Signed and notarized Power of Attorney (if licensed contractor does not appear in person)

Contact Person: _____ Phone #:(____)_____

Site Address: _____

Septic Tank: No Yes If yes, must fill or remove septic tank.

Requested date and time of accessibility to site: _____/_____

Health Department Requirements

 (Initials) **Prior to start** of demolition or renovation work contact the Health Department at (407)858-1497 ext. 2282 or ext. 2289 for septic tank filling and removal requirements.

EPD Requirements

 (Initials) **Prior to start** of demolition or renovation work contact the Orange County Environmental Protection Division (EPD) at (407)836-1400 for demolition and asbestos removal notification requirements.

For Division of Building Safety Use Only

Date: _____ Receipt Number: _____ Initials: _____



Florida Department of Environmental Protection
Division of Air Resource Management

DEP Form 62-257.900(1)
Effective 10-12-08
Page 1 of 2

NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY): ORIGINAL REVISED CANCELLATION COURTESY
TYPE OF PROJECT (CHECK ONE ONLY): DEMOLITION RENOVATION
IF DEMOLITION, IS IT AN ORDERED DEMOLITION? YES NO
IF RENOVATION: IS IT AN EMERGENCY RENOVATION OPERATION? YES NO
IS IT A PLANNED RENOVATION OPERATION? YES NO

I. Facility Name
Address
City State Zip County
Site Consultant Inspecting Site
Building Size (Square Feet) # of Floors Building Age in Years
Prior Use: School/College/University Residence Small Business Other
Present Use: School/College/University Residence Small Business Other

II. Facility Owner Phone ()
Address
City State Zip

III. Contractor's Name Phone ()
Address
City State Zip
Is the contractor exempt from licensure under section 469.002(4), F.S.? YES NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)
Asbestos Removal (mm/dd/yy) Start: Finish: Demo/Renovation (mm/dd/yy) Start: Finish:

V. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components.

Procedures to be Used (Check All That Apply):

Table with 4 columns: Strip and Removal, Glove Bag, Bulldozer, Wrecking Ball; Wet Method, Dry Method, Explode, Burn Down; OTHER:

VI. Procedures for Unexpected RACM:

VII. Asbestos Waste Transporter: Name Phone ()
Address
City State Zip

VIII. Waste Disposal Site: Name Class
Address
City State Zip

IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM.

Amount of RACM or ACM*
square feet surfacing material
linear feet pipe
cubic feet of RACM off facility components
square feet cementitious material
square feet resilient flooring
square feet asphalt roofing

X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)

Name:
Address:
City:
State/Zip:

*Identify and describe surfacing material and other materials as applicable:

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

(Print Name of Owner/Operator) (Date)
(Signature of Owner/Operator) (Date)

