



**CITY OF  
MOUNT  
DORA**

**BUILDING & FIRE PREVENTION  
CONSTRUCTION SERVICES**

**Building & Fire Prevention Construction Services**

510 North Baker Street

Mount Dora, FL 32757

(352) 735-7115

Fax: (352) 735-7191

Email: building@cityofmountdora.com

**DEMOLITION PERMIT APPLICATION**

BFP-005

Please print or type and provide all information, *incomplete applications shall not be processed.*

Project shall be designed to the locally adopted Florida Building Code & Florida Fire Prevention Code

**JOB ADDRESS:** \_\_\_\_\_ **SUITE #:** \_\_\_\_\_

**TENANT NAME:** \_\_\_\_\_ **ALTERNATE KEY:** \_\_\_\_\_

(ATTACH COPY OF PROPERTY TAX APPRAISERS'S PROPERTY SEARCH RECORD CARD)

**PROPERTY OWNER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CONTRACTOR / DEVELOPER**

Company Name: \_\_\_\_\_

License Holder Name: \_\_\_\_\_

State License #: \_\_\_\_\_ Lake Co Comp Card #: \_\_\_\_\_

Address (street/city/state/zip) \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX : \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Job Site Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**WORK DESCRIPTION**

Demo to remove entire structure.....[ ] Residential.....[ ]

Demo for Alteration..... [ ] Commercial.....[ ]

Demo interior non-structural alteration [ ]

Description of work: \_\_\_\_\_

Cost of Construction: \$ \_\_\_\_\_ Square Footage: \_\_\_\_\_ Occupancy: \_\_\_\_\_

Engineer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**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.**

I certify that issuance of a demolition permit for property at this Job address does not automatically constitute permission to rebuild and that if rebuilding is permitted, said rebuilding shall conform to all currently adopted codes and regulations of the City of Mount Dora

\_\_\_\_\_  
Signature of Contractor (Owner if Owner-Builder) \_\_\_\_\_  
Date

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of [  ] physical presence or [  ] online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who [  ] is personally known to me or [  ] produced \_\_\_\_\_ as identification.

SEAL: \_\_\_\_\_  
Signature of Notary

**Utility providing company to signoff that the specific utility has been disconnected and all lines, pipes, connections to the structure are safed, capped, removed from the structure to be demolished.**

Electrical: Provider. \_\_\_\_\_ Authorized agent. \_\_\_\_\_

Water: Provider. \_\_\_\_\_ Authorized agent. \_\_\_\_\_

Sewer/Septic: Provider. \_\_\_\_\_ Authorized agent. \_\_\_\_\_

Gas: Provider. \_\_\_\_\_ Authorized agent. \_\_\_\_\_