



# CITY OF PORT ORANGE

1000 CITY CENTER CIRCLE PORT ORANGE, FL 32129  
PHONE 386-506-5602 FAX 386-506-5699

## DEMOLITION PERMIT APPLICATION

PERMIT NUMBER: \_\_\_\_\_ REC'D BY \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

JOB INFORMATION:  RESIDENTIAL  COMMERCIAL

DEMOLITION REQUIRES REMOVAL OF TREE(S):  NO  YES (IF YES, REQUIRES TREE REMOVAL PERMIT)

DESCRIPTION OF PROPOSED WORK: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_ CONSTRUCTION VALUE: \_\_\_\_\_

TOTAL SQUARE FOOTAGE UNDER ROOF \_\_\_\_\_

FIXTURE COUNT (EXISTING STRUCTURE) (SEE ATTACHED FORM) \_\_\_\_\_

STRUCTURE TO BE REBUILT ON THIS PROPERTY  YES  NO IF YES, TYPE OF STRUCTURE \_\_\_\_\_

### CONTRACTOR INFORMATION (PLEASE PRINT)

BUSINESS NAME: \_\_\_\_\_

QUALIFIER NAME: \_\_\_\_\_ STATE LICENSE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### UTILITIES

### MUST HAVE APPROVAL/VERIFICATION BEFORE PERMIT WILL BE ISSUED

ELECTRIC \_\_\_\_\_ GAS \_\_\_\_\_

CABLE \_\_\_\_\_ SEPTIC \_\_\_\_\_

PHONE \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY	
WATER APPROVED _____	DATE _____
SEWER APPROVED _____	DATE _____

