

# Demolition Checklist

## OVERVIEW

*Applicants are required to sign at the end of this form indicating acknowledgement of the submittal requirements. Please upload the signature page along with your digital application.*

Should you have any questions or need assistance with the building permit application process, please contact the Maitland Building Division at 407.539.6150.

A complete demo application package shall include the following:

1) Disconnect letters/sign offs from the following for **WHOLE HOUSE DEMOLITIONS ONLY**:

- Water - Maitland Utility Department 407-539-6252
- Sewer - Maitland Utility Department 407-539-6252
- Stormwater - Maitland Public Works 407-539-6203
- Tree Protection - Maitland City Landscape Specialist 407-539-6245
- Septic Tank Abandonment permit (if applicable) issued by Orange County Health Department, 407-858-1497
- Electric Company – Duke Energy 407-629-1010
- Gas (if applicable)
- Phone & Cable
- Fire Department: Contact: Chris Clayton-407-448-1953;  
[cclayton@itsmymaitland.com](mailto:cclayton@itsmymaitland.com)

2) Rodent control certificate by a pest control operator certified by the State of Florida to eradicate rodents.

3) Asbestos clearance documentation (if applicable) State Asbestos Coordinator 850-488-1344

4) There must be a double silt fence installed prior to demolition

**Note: Demolition permit application does not include tree and vegetation removal within the demolition area. You will need to contact Public Works Department at 407-539-6252, located at 1827 Fennell Street to obtain tree/vegetation removal permit.**

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### CERTIFICATION OF SERVICE DISCONNECT

Building Structure to be demolished: Residential  Commercial  Other

Site Address \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

\_\_\_\_\_

**The firms and offices listed below shall certify this application to signify notice of the proposed demolition and to attest that their respective service connections, etc. will be removed or sealed and plugged in a safe manner before any demolition is initiated.**

UTILITY	PRINT NAME	SIGNATURE	DATE
Water Department			
Sewer Department			
Stormwater Dept			
Landscape Specialist			
Electric Company			
Gas Company			
Phone Company			
Cable Company			
Fire Dept.			

## Demolition Checklist

***As the applicant, I confirm that the application requirements above have been provided. Please indicate any items deemed not applicable and provide an explanation in the space provided below. If you need more space, please attach as a separate document:***



\_\_\_\_\_  
Permit Number

\_\_\_\_\_  
Project Name or Address

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
/ **Applicant Signature/Date**