



CITY OF LYNN HAVEN

Building Department

Phone: (850) 265-2121 X 2135

inspections@cityoflynnhaven.com

buildingdepartment@cityoflynnhaven.com

Demo / Utilities Cap Off Inspection

Date _____ Address _____

Parcel ID # _____

Owner Name _____ Contact Phone # _____

Contractor Name _____ Company Name _____

Contact Phone # _____ Email _____

CALL 811 BEFORE YOU DIG! Please attach copy.

- A. complete application
- B. site plan or survey and floor plan
- C. 811 DIG ticket with positive responses completed (not dig ticket)
- D. payment for permit
- E. water & sewer lines properly capped/sealed (see attached page)

Signature _____ Date _____

We schedule Utilities Department inspection. When we receive the inspection report from the Utilities Department, the Demo permit can be issued.

Utilities Department:

Water / Sewer Lines Located _____

All lines have been properly capped/sealed according to our standards.

Inspected On _____

Inspected by _____

817 Ohio Avenue • Lynn Haven, FL 32444
(850) 265-2121 EXT 2135

www.cityoflynnhaven.com

Email: buildingdepartment@cityoflynnhaven.com



LYNN HAVEN BUILDING DEPARTMENT

City of Lynn Haven Utility Department

Contractor's Guide and Standards for Abandoning Utility Services Water, Reclaimed Water & Sewer

Domestic (household) Water: The owner/plumber/contractor shall cut and stubbed up 3' high and cap at the service connection on the homeowner's side of the meter box.

Irrigation and Reclaimed Water: The owner/plumber/contractor shall cut and stubbed up 3' high and cap at the service connection on the homeowner's side of meter box.

Sewer: the owner/ plumber/ contractor shall cut and stub up at a 45-degree angle 3' high and cap minimum of ten (10) feet from the foundation.

Septic Tank: Contact Bay County Health Department at 850-872-4660 ext. 1245.

Once the utilities have been capped off, and has passed inspection, DEMO Permit will be issued by the Building Department.

A FINAL INSPECTION IS REQUIRED. The structure and land debris must be completely removed and cleared. Re-seeding may be required prior to final inspection.

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Instructions

The state asbestos removal program requirements of s. 376.60, F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61, Subpart M, as embodied in Rule 62-257, F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it **ordered** by the State or a local government agency? If so, in addition to the information required on the form, the owner/operator must provide the name of the agency ordering the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an **emergency renovation operation**? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. If you checked renovation and it is a **planned renovation operation**, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

- I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200, F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."
- II. Complete the facility owner information.
- III. Complete the contractor information.
- IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.
- V. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800, F.A.C., requires obtaining Department approval prior to using a dry removal method in accordance with 40 CFR section 61.145(3)(c)(i).)
- VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.
- VII. Complete the asbestos waste transporter information.
- VIII. Complete the waste disposal site information.
- IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is **only** permissible if the length or area could not be measured previously.) Identify and describe the listed surfacing material and other listed materials as applicable.
- X. Provide the address where the Department is to send the invoice for any fee due. Do not send a fee with the notification. The fee will be calculated by the Department pursuant to Rule 62-257.400, F.A.C.

Sign the form and mail the original to the district or local air program having jurisdiction in the county where the project is scheduled (**DO NOT FAX**). The correct address can be obtained by contacting the State Asbestos Coordinator at: Department of Environmental Protection, Division of Air Resources Management, 2600 Blair Stone Road, Tallahassee, FL 32399-2400.

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CONTRACTOR CREDENTIALS TO PULL PERMITS

Business Name: _____

Contractor's Name: _____ Contact #: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Preferred Office Contact Name: _____

Business Preferred Office Contact #: _____

CERTIFIED STATE LICENSE HOLDERS

1. Copy of Florida State License
2. Copy of Sunbiz Registration (Sunbiz.org)
3. Copy of Certificate Liability Insurance
(Should state City of Lynn Haven 817 Ohio Ave., Lynn Haven, FL 32444-2351 as certificate holder)
4. Copy of Worker's Comp Insurance or Exemption Certificate
(Should state City of Lynn Haven 817 Ohio Ave., Lynn Haven, FL 32444-2351 as certificate holder)
5. Business Tax Receipt / Occupational License
6. Need a Letter Signed and Notarized by State License Holder on Company Letterhead Naming the Persons who are Authorized to Pull Permits Under his/her License
7. Copy of Driver's License

REGISTERED STATE LICENSED HOLDERS

1. All Items Listed Above are Required in Addition to the Following
 2. Original \$5,000.00 Bond Made Payable to City of Lynn Haven
 3. Current Bay County Competency Card
 4. City of Lynn Haven Competency Card
(City of Lynn Haven Competency Card will expire the same date DBPR State License expiration date indicates)
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Office Use Only: Customer #: _____ Date: _____