



Town of Juno Beach Building Division
340 Ocean Drive, Juno Beach, FL. 33408
(561) 626-1122 - Fax (561) 775-0812
DEMOLITION NOTICE FORM

1. All spaces must be filled in on the application. If the information is not applicable, please write N/A. Incomplete information may result in a delay in processing the application.
2. We must have proposed start and end dates for the demolition.
3. There is a 10 working-day (do not count Saturdays or Sundays) waiting period for permit processing. If a demolition follows an asbestos abatement project within 14 calendar days of the completion of the abatement project, the 10 working-day waiting period will be waived.
4. The Florida-certified asbestos inspector must sign the form in blue ink. The building owner or the contractor must also sign the application certifying that all refrigerants have been properly removed from the site. Original signatures must be submitted.
5. If there needs to be modifications to the notice after the application has been submitted, notify the Building Division by the end of the next regular business day following the modification. Project modifications include changes in scope of work, supervisor, the scheduled work dates or scheduled work times.
6. Recycling of materials, such as concrete or wood, that are bonded or contaminated with asbestos containing material (ACM), such as floor tile or mastic, is NOT permitted.
7. Demolition of a building that has non-friable asbestos containing VAT or tar impregnated roofing materials remaining must be completed without causing the asbestos-containing materials to become friable. Concrete floors covered with floor tile shall be removed in as large sections as possible. Operations such as crushing, pneumatic jacking, etc. of materials containing asbestos are not permitted.
8. **Supporting pictures shall be submitted to the Building Division.** All provisions of laws and ordinances governing this type of work shall be complied with whether specified herein or not. Permits or approval notices presuming to give authority to violate or cancel the provisions of the above laws and ordinances or permits issued in error or based on incorrect information supplied shall be invalid.
9. **For proper notification in Palm Beach County contact: The Florida Department of Health Palm Beach County, 800 Clematis Street, West Palm Beach, FL 33401 at (561) 837-5963.**

Property Owner or Contractor: _____

ADDRESS: _____

I, _____, affiliate, hereby affirm that I am the duly licensed contractor or property owner of record for the above reference project.

(Signature) _____ (Printed Name) _____

STATE OF FLORIDA COUNTY OF PALM BEACH This instrument was acknowledged before me this _____ day of _____, _____, by the above referenced individual, who acknowledged that he/she is a duly licensed contractor or property owner and who acknowledged that he/she was authorized to execute this document. He/she is either personally known to me _____, or produced _____ as valid identification.

WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public

(Signature) _____ (Printed Name) _____

My Commission Expires: _____ -