



Date Submitted: \_\_\_\_\_

### Gilchrist County Building Department

209 SE 1<sup>st</sup> Street Trenton, FL 32693

Phone: (352) 463-3173 Fax: (352) 354-9113

### Demolition Permit Application

*Please print*

**Owner Information**

**Owner/Builder Affidavit must be submitted if owner is applying for permit**

Owner Name:

Mailing Address:

City: State: Zip:

Contact phone number: E-mail:

Proof of Ownership:  Recorded Deed  Other:

**Applicant (if other than owner)**

Name:

Mailing Address:

City: State: Zip:

Contact phone number: E-mail:

Contractor Name (if different): License #:

**Property Information**

Total Cost of Project: \$ Electric Company:  CFEC  Duke

Project Address:

City: State: Zip:

Parcel Number:

Residential  Commercial Existing Use of the Building/Space/Site:

**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.**

**Owner Affidavit: I certify that all the foregoing information is accurate, and all work will be done in compliance with all applicable laws regulating construction and zoning.**

*The Department and Applicant agree that this Document may be electronically signed. The parties agree that electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.*

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Signature of Owner/Agent