



Date Submitted: _____

Gilchrist County Building Department

209 SE 1st 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.

Signed and acknowledged on this _____ day of _____, 20_____

Printed Name of Owner/Agent

Signature of Owner/Agent

STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____.

By: _____ (Printed Name of Individual Acknowledging)

Individual identified by: Personal Knowledge Satisfactory Evidence: Type: _____

Signature of Notary Public - State of Florida Stamp:

Printed Name of Notary Public or Stamp