



**CITY OF ST. CLOUD, FLORIDA**  
**BUILDING DEPARTMENT**  
 1300 Ninth Street  
 St. Cloud, FL 34769  
 Phone: (407) 957-7224  
 Fax: (407) 957-8412

## **DEMOLITION SIGN-OFF SHEET**

**DEMOLITIONS MUST NOT BEGIN UNTIL PERMIT HAS BEEN ISSUED. ALL UTILITY SIGN-OFFS MUST BE COMPLETED PRIOR TO DEMOLITION PERMIT ISSUANCE.**

<u>UTILITY</u>	<u>COMPANY NAME</u>	<u>SIGNATURE</u>
BUILDING DEPARTMENT	DOUGLAS TILLERY	_____
CONCURRENCY-PLANNING	SHUO LIU	_____
CONCURRENCY/WATER/SEWER	ERIN BURNETT	_____
PUBLIC SERVICE ENGINEERING	COREY CLOUGH	_____
ELECTRIC POWER-OUC	DERRICK A. WILLIAMS II See Attached	_____
FIRE DEPARTMENT	RICHARD TONKS	_____
911 ADDRESSING	DENISE WILSON <a href="mailto:denise.wilson@osceola.org">denise.wilson@osceola.org</a>	_____
*CABLE/TV –SPECTRUM	HELENE HERNANDEZ <a href="mailto:Helene.hernandez@charter.com">Helene.hernandez@charter.com</a>	_____
*GAS - CENTRAL FLA GAS CO	FOSTER CHATTAM <b>FAX (863) 299-2554</b>	_____
*FIBER OPTIC	DETERMINED BY OWNER	_____

***\*APPLICANT IS RESPONSIBLE TO OBTAIN SIGNATURES FOR THOSE COMPANIES WITH AN ASTERISK (\*). NAMES AND TELEPHONE NUMBERS ARE LISTED FOR YOUR CONVENIENCE.***

DISCONNECTION OF ALL UTILITIES DATE: \_\_\_\_\_ REBUILD IN 90 DAYS: YES \_\_\_\_\_ NO \_\_\_\_\_

UTILITIES TO BE DISCONNECTED: WATER \_\_\_\_\_ SEWER \_\_\_\_\_ ELECTRIC \_\_\_\_\_ WATER W/O# \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

OWNER: \_\_\_\_\_ JOB ADDRESS: \_\_\_\_\_

CONTRACTOR/APPLICANT: \_\_\_\_\_ PHONE# \_\_\_\_\_

TYPE OF STRUCTURE: \_\_\_\_\_

NUMBER OF BUILDINGS INVOLVED: \_\_\_\_\_

## Demolition Request

In order to process your demolition request, please complete this form in its entirety and return to OUC by e-mail to [developmentservices@ouc.com](mailto:developmentservices@ouc.com).

1. Please be advised the demolition process cannot proceed until the party responsible for the utilities has contacted Development Services at (407) 423-9018 to turn off all services.

2. Address to be demolished \_\_\_\_\_.

*Dwelling Type to be demolished (please check one)*

Single family    Duplex    Apartment    Condominium    Commercial Property

**To prevent injury or damages to persons or structure, OUC requires you to provide all meter numbers (electric or water) that serve the DEMO site.**

3. Electric meter number(s) \_\_\_\_\_.

4. Water meter number(s) \_\_\_\_\_.

5. Remove water meter(s)    **YES**    **NO**

*\*\*\* If water meter remains on site, customer must sever line to water meter \*\*\**

6. The word DEMO must be marked/painted on building and be visible from the street.

**FOR COMMERCIAL PROPERTY ONLY**

*Check yes or no*

Remove Transformer(s)             **YES**             **NO**

Is there Water Fire Protection    **YES**             **NO**

It is the customer's responsibility to contact OUC's Standby Services at (407) 434-4111 to coordinate disconnecting the secondary service from the transformer (underground service only).

**Please allow a minimum of twenty (20) working days for OUC to complete your request. If any of the above information is omitted, your demolition request will be delayed.**

OUC is not responsible for injuries/damages to persons/structures as a result of your demolition project.

**Name of Company** \_\_\_\_\_

**Your Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_      **E-Mail Address** \_\_\_\_\_

**Signature** \_\_\_\_\_                      **Date** \_\_\_\_\_



## 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.