



Note: Owner furnished equipment and materials must be included in Estimated Construction Cost. If the estimated cost of this job is greater than \$5,000 a certified copy of the recorded Notice of Commencement must be filed with Permitting Services prior to scheduling your first inspection. Application is hereby made to obtain a permit to do the demolition as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating demolition in the City of Orlando. OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**WARNING TO OWNER: 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.**

If you are not the owner of the property being permitted, you must, by law (FS 713.135 (c)) promise to inform the fee simple titleholder that the property in question is being subjected to possible liens and/or attachment.

OWNER: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ (Owner)

(Owner)  
STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_ SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by \_\_\_\_\_, known to me to be the person described in and who executed the foregoing. He/she is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification.  
WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Notary Public Signature

Print Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ (Contractor)

(Contractor)  
STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_  
SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by \_\_\_\_\_, known to me to be the person described in and who executed the foregoing. He/she is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification. WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Notary Public Signature

Print Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

CERTIFICATE OF COMPETENCY HOLDER  
Contractor's State Certification or Registration No. \_\_\_\_\_  
Contractor's Certificate of Competency No. \_\_\_\_\_

For plan review status, inspection scheduling/results and other permitting information, please call "PROMPT", our Interactive Voice Response system at 407.246.4444 or [click here](#).