



**APPLICATION FOR APPROVAL OF DEMOLITION**  
 FLORIDA DEPARTMENT OF HEALTH – INDIAN RIVER COUNTY  
 1900 27<sup>th</sup> Street, Vero Beach, FL 32960  
 Ph: 772-794-7440  
 Fax: 772-794-7447



Application # \_\_\_\_\_

**NO STRUCTURE IN INDIAN RIVER COUNTY SHALL BE DEMOLISHED UNLESS AN APPROVAL FOR SAME HAS BEEN ISSUED BY THE HEALTH DEPARTMENT. ANY DEMOLITION SHALL BE PERFORMED IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF SUCH APPROVAL. NOTE THAT REINSPECTION OF THE SITE WILL REQUIRE AN ADDITIONAL FEE.**

**NOTICE: The Florida Department of Environmental Protection requires an asbestos survey and notification – applicant is responsible for compliance.**

*Please print or type*

<b>ADDRESS OF PROPERTY</b>	<i>Street Address</i>	
	<i>City</i>	<i>Zip Code</i>
Property Owner's Name		
Owner Contact Numbers	<i>Business</i>	<i>Cell</i>

**DESCRIPTION OF STRUCTURE(S) TO BE DEMOLISHED**

Type of Construction <i>(check one)</i> CBS <input type="checkbox"/> W/F <input type="checkbox"/> Steel <input type="checkbox"/> Other <i>(describe)</i> _____	Type of Structure <i>(check one)</i> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other <i>(describe)</i> _____
Date Constructed	Square Footage
Water Supply <i>(check one)</i> Private Well <input type="checkbox"/> City/County Water <input type="checkbox"/>	Sewage Disposal <i>(check one)</i> Septic tank(s) <input type="checkbox"/> City/County Sewer <input type="checkbox"/>

Contractor's Name	
Contractor's Contact Numbers	<i>Business</i> <i>Cell</i>
Access to Structure <i>(check one)</i> Structure will be open for inspection <input type="checkbox"/> Key is available for access <input type="checkbox"/> Details <i>(describe)</i> _____	

**SIGNATURE OF OWNER OR OWNER'S AGENT**

**PRINTED NAME**

**DATE OF APPLICATION**

To be completed by owner or owner's agent and submitted with required fee to:

Florida Department of Health-Indian River County  
 Environmental Health Division  
 1900 27<sup>th</sup> Street  
 Vero Beach, FL 32960

**TO BE COMPLETED BY HEALTH DEPARTMENT FEE *(check one)***

S/F - \$75.00   
 M/F or Commercial less than 3000 SF - \$100.00   
 Commercial - \$150.00

**NOTE: Reinspection of site will require an additional \$50 fee**