



## CITY OF FLAGLER BEACH BUILDING DEPARTMENT

### DEMOLITION PERMIT CHECKLIST

Contractors must be current with Flagler County Building Services for permitting.

- Permit Application**
- Proof of Property Ownership** (Copy of recorded warranty deed or print out from the Property Appraiser's Office)
- Disclosure Statement** (owner is acting as his/her own contractor)  
**FS 489.103**
- Notice of Commencement** (Required when value of labor and materials is over **\$5,000.00**)\_Recorded and Certified by the Flagler County Clerk of Court\_FS sec 713.135
- 1 Survey** (Showing existing structures-indicate if a new structure is going to be built on this site)
- Completed Certification of Service Disconnect Form**  
(Signed by the Utilities Manager)
- Asbestos Notification Statement** (Contact Asbestos Compliance, Department of Environmental Protection 904-256-1566)
- Rodent Control Certificate** (Issued by a State of Florida Certified Pest Control operator to eradicate rodents –not required for burn outs)

OTHER STATE OR FEDERAL PERMITS MAY APPLY

**Applicant must obtain all required inspections including the final inspection. Failure to close out permits may result in additional fees and/or suspension of permitting rights.**



Permit No.: \_\_\_\_\_

Fee \$ \_\_\_\_\_

BUILDING PERMIT APPLICATION

1. Property Owners Name: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

2. Location/Job Address: \_\_\_\_\_
Parcel No.: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

3. License Contractor Name (must sign the application) \_\_\_\_\_
Business Name: \_\_\_\_\_
Address: \_\_\_\_\_ State License No.: \_\_\_\_\_
City/State/Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_
Email: \_\_\_\_\_ Cell No.: \_\_\_\_\_

4. DESCRIPTION OF WORK: [ ] Commercial [ ] Residential
\*\*\* Indicate Water Meter Size requested for new build \_\_\_\_\_ (if applicable)
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

5. Construction Dumpster Company: [ ] Contractor Owned [ ] Dumpster Company Name \_\_\_\_\_
Pursuant to Section 11-17, City of Flagler Beach Code of Ordinances, all collectors shall be required to obtain a license from the City to collect, transport, and dispose solid waste and construction and demolition debris from roll-off containers within the City limits.

6. Total Square Footage Under Roof: (Square footage subject to state surcharge): \_\_\_\_\_
Total square footage under roof - including but not limited to: new construction, carports, roofed screen room, modular buildings, boathouse, accessory structure) (DCA Rule 9B-62.003

7. Type of Construction, Occupancy Classification and Area Totals:
Type of Construction (Circle One): IA IB IIA IIB IIIA IV VA VB
Occupancy Classification (Circle One): A-1 A-2 A-3 A-4 B E F-1 F-2 H-1 H234 H-5 I-1
I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U
Living Area: \_\_\_\_\_ square feet Non Living: \_\_\_\_\_ square feet Total # of Rooms \_\_\_\_\_
# of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ # of Stories \_\_\_\_\_ # of Habitable Floors: \_\_\_\_\_
Patio sq. ft \_\_\_\_\_ Driveway: \_\_\_\_\_ x \_\_\_\_\_ Pool Area (including deck): \_\_\_\_\_
Mobile Home: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Serial Number \_\_\_\_\_
[ ] Single Wide [ ] Double Wide Width \_\_\_\_\_ x Length \_\_\_\_\_ Without Hitch=sq. ft. \_\_\_\_\_
Is this a replacement home [ ] Yes [ ] No (If yes provide proof)

8. Total Cost Improvements: \$ \_\_\_\_\_

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

9. Sub-Contractor Information:

- **Electrical Contractor - Business Name:** \_\_\_\_\_  
 License Holder Name: \_\_\_\_\_ State License No: \_\_\_\_\_  
 Size of Electrical Service: Phase \_\_\_\_\_ Amps \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_

- **Plumbing Contractor – Business Name:** \_\_\_\_\_  
 License Holder Name \_\_\_\_\_ State License No: \_\_\_\_\_  
 Number of Bathrooms: \_\_\_\_\_ Number of Fixtures, Drains & Traps \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_

- **Mechanical Contractor – Business Name:** \_\_\_\_\_ License Holder Name \_\_\_\_\_  
 State License No: \_\_\_\_\_ Total Cost of Mechanical \$ \_\_\_\_\_ Size of Unit \_\_\_\_\_ tons  
 Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_

- **Roofing Contractor – Business Name:** \_\_\_\_\_ License Holder Name: \_\_\_\_\_  
 State License No: \_\_\_\_\_ Total Cost of Roof \$ \_\_\_\_\_  
 Type of Roof to be installed: \_\_\_\_\_ Square Footage of Structure \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_

- **Aluminum Contractor – Business Name:** \_\_\_\_\_  
 State License No.: \_\_\_\_\_ License Holder Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_

- **Gas Contractor – Business Name:** \_\_\_\_\_  
 State License No.: \_\_\_\_\_ License Holder Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

**\*\*\*\*To qualify as an owner/builder, the owner of the property must personally appear at the Flagler Beach Building Department and sign this application (FS489.103.7).**

IS SIGNING AS:     CONTRACTOR     MOBILE HOME INSTALLER     OWNER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

STATE OF FLORIDA  
COUNTY OF FLAGLER

The foregoing instrument acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, individual submitted: \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

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

\_\_\_\_\_  
Typed, Printed or Stamped Name of Notary Public



# CITY OF FLAGLER BEACH BUILDING DEPARTMENT OWNER BUILDER DISCLOSURE STATEMENT

Florida Statutes F.S.489.103(7) quoted here in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express any applicable restrictions and responsibilities.

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on all permit and contracts.
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates this exemption.
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. I understand that I may not hire an unlicensed individual person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county ordinance.
7. I understand that it is frequent practices of unlicensed persons to have the property owner obtain owner-builder permits that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. I am aware of construction practices and I have access to the Florida Building Code.
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 1-850-487-1395 or at [www.myflorida.com/dbpr/pro/cilb/](http://www.myflorida.com/dbpr/pro/cilb/) for more information about licensed contractors.
11. I am aware of, and consent to an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the address listed below.
12. I agree to notify the building department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure or in the permit application package.

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board, the Department of Business and Professional Regulation and the building department may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

**ACKNOWLEDGMENT:** I do hereby state that I am qualified and capable of performing the requested construction involved with the permit application filed and agree to the conditions specified above. I agree to comply with all provisions of the City of Flagler Beach ordinances and codes pertinent to the building. In the event the corrections are required to be completed for code violations, I will assume responsibility to insure they are made and upon completion I will call for a re-inspection before proceeding with the building. I will assume full responsibility for the construction and I will not expect supervision of my work from the Building Department. I agree to pay any additional fees, including re-inspection fees in full prior to requesting a final inspection.

Property Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner-Builder

\_\_\_\_\_  
Print Name

STATE OF FLORIDA  
COUNTY OF FLAGLER

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_, who signed with a mark in the presence of these witnesses:

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

*(Print, Type, or Stamp Commissioned Name of Notary Public)*

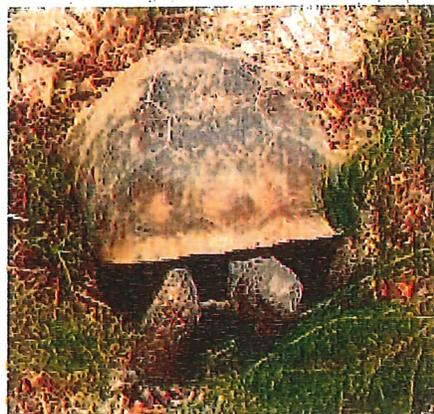
Personally Known  OR Produced Identification

\_\_\_\_\_  
Type of Identification Produced

# Attention Builders!

## Got Gophers? Get Permits.

Before you begin clearing for a building project, you must obtain a permit from the Florida Fish and Wildlife Conservation Commission (FWC) if either gopher tortoises or their burrows are present on the development site.



Gopher Tortoise



Gopher Tortoise Burrow

The gopher tortoise is protected under Florida law, Chapter 68A-27 of the Florida Administrative Code. Protect yourself and this imperiled species. Learn more at [MyFWC.com/GopherTortoise](http://MyFWC.com/GopherTortoise) or contact the nearest office of the FWC.

**Northwest Region**  
3911 Highway 2321  
Panama City, FL 32409-1658  
850-265-3676

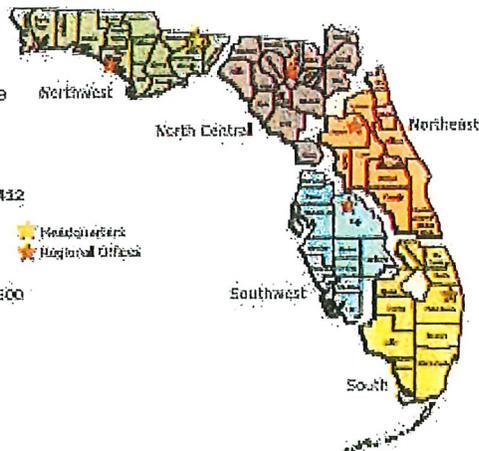
**North Central Region**  
3377 E. US Highway 90  
Lake City, FL 32055-8795  
386-758-0625

**Northeast Region**  
1239 S.W. 10th St.  
Ocala, FL 34471-0323  
352-732-1225

**Southwest Region**  
3900 Grane Field Road  
Lakeland, FL 33831-1299  
883-848-3200

**South Region**  
6535 Northlake Blvd.  
West Palm Beach, FL 33412  
561-626-6122

**Headquarters**  
620 S. Meridian St.  
Tallahassee, FL 32399-1600  
904-468-3931



Florida Fish and Wildlife  
Conservation Commission

[MyFWC.com](http://MyFWC.com)

Permit No. \_\_\_\_\_

Address: Tax Folio No. \_\_\_\_\_

### Notice of Commencement

State of Florida  
County of Flagler

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of Property:** \_\_\_\_\_

2. **General Description of Improvement:** \_\_\_\_\_

3. **Owner Information:** Name and address: \_\_\_\_\_  
Interest in Property: \_\_\_\_\_  
Name and address of fee simple titleholder: (if other than owner): \_\_\_\_\_

4. **Contractor Information:** Name and address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

5. **Surety Information:** Name and address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Amount of bond: \_\_\_\_\_

6. **Lender Information:** Name and address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:**  
Name and Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

8. **In addition to himself, owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.**  
Name and Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

9. Expiration date of Notice of Commencement (*the expiration date is 1 year from the date of recording unless a different date is specified*) \_\_\_\_\_.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.

\_\_\_\_\_  
Signature of Owner or Owners Authorized Office/Director /Partner/Manger

\_\_\_\_\_  
Signatory's Title/Office

STATE OF FLORIDA  
COUNTY OF FLAGLER

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_, who signed with a mark in the presence of these witnesses:

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  OR Produced Identification

\_\_\_\_\_  
Type of Identification Produced



# City of Flagler Beach

## Building Department

### Certification of Service Disconnect

This document certifies that all utilities for the listed address below will be disconnected once a permit is issued, in preparation for demolition.

Job address: \_\_\_\_\_

Contractor's name: \_\_\_\_\_

Property owner's name: \_\_\_\_\_

\_\_\_\_\_  
(Contractor or owner's signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Date)

#### For use by Utility Billing Department Only

Water meter removed  Water meter to remain with monthly base fees

Utility Billing has received the disconnect order: \_\_\_\_\_  
(signature)

Date permit issued for demolition: \_\_\_\_\_

Date work order generated for disconnect: \_\_\_\_\_

Confirmed permit received and work order generated: \_\_\_\_\_  
(signature)

#### For use by Building Department Only

Conformation all utilities are disconnected: \_\_\_\_\_  
(Chief building official signature)

#### Keeping water meter advantages:

- You would not have to pay the meter removal and reconnection fees.
- You will not have water on the property.
- No need to set up new services when complete, unless home is sold.

#### Rebuilding of home:

While in addition to other permitting fees, the permit will include:

- Sewer/Water impact fees collected after 7 years, if applicable, Per Sec 5.03.96-Transfer of Exemption
- IF meter was removed, the Building Department will charge a fee per the current resolution for a reconnection charge.



**CITY OF FLAGLER BEACH  
BUILDING DEPARTMENT**

**RODENT CONTROL CERTIFICATE**

Address of building to be demolished: \_\_\_\_\_

Contractors Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Contractor's Signature) (Printed Name) (Date)

**THIS SECTION TO BE FILLED OUT BY PEST CONTROL TECHNICIAN**

By signing this form I certify this property has been inspected and is free of any rodents or other pests in preparation for demolition.

Date of Inspection: \_\_\_\_\_

Inspectors Signature: \_\_\_\_\_

Pest Control Company Name: \_\_\_\_\_

State License Number: \_\_\_\_\_

(This section to be completed by Pest Control Technician prior to a demolition permit application being submitted to the Flagler Beach Building Department)

**This certificate must be signed by a company licensed by the state of Florida, Department of Agriculture and Consumer Services, licensed under the category of Commercial Structural Pest Control and Health Related (Rodents).**

## 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.



Florida Department of Environmental Protection
Division of Air Resource Management

NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY): [ ] ORIGINAL [ ] REVISED [ ] CANCELLATION [ ] COURTESY
TYPE OF PROJECT (CHECK ONE ONLY): [ ] DEMOLITION [ ] RENOVATION
IF DEMOLITION, IS IT AN ORDERED DEMOLITION? [ ] YES [ ] NO
IF RENOVATION:
IS IT AN EMERGENCY RENOVATION OPERATION? [ ] YES [ ] NO
IS IT A PLANNED RENOVATION OPERATION? [ ] YES [ ] NO

I. Facility Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_
Site \_\_\_\_\_ Consultant Inspecting Site \_\_\_\_\_
Building Size \_\_\_\_\_ (Square Feet) # of Floors \_\_\_\_\_ Building Age in Years \_\_\_\_\_

Prior Use: [ ] School/College/University [ ] Residence [ ] Small Business [ ] Other \_\_\_\_\_
Present Use: [ ] School/College/University [ ] Residence [ ] Small Business [ ] Other \_\_\_\_\_
II. Facility Owner \_\_\_\_\_ Phone ( ) \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

III. Contractor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Is the contractor exempt from licensure under section 469.002(4), F.S.? [ ] YES [ ] NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)
Asbestos Removal (mm/dd/yy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Demo/Renovation (mm/dd/yy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_

V. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components. \_\_\_\_\_

Procedures to be Used (Check All That Apply):

Table with 4 columns: Strip and Removal, Glove Bag, Bulldozer, Wrecking Ball; Wet Method, Dry Method, Explode, Burn Down; OTHER:

VI. Procedures for Unexpected RACM: \_\_\_\_\_

VII. Asbestos Waste Transporter: Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VIII. Waste Disposal Site: Name \_\_\_\_\_ Class \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM. \_\_\_\_\_

Amount of RACM or ACM\*
\_\_\_\_\_ square feet surfacing material
\_\_\_\_\_ linear feet pipe
\_\_\_\_\_ cubic feet of RACM off facility components
\_\_\_\_\_ square feet cementitious material
\_\_\_\_\_ square feet resilient flooring
\_\_\_\_\_ square feet asphalt roofing

X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)

Name:
Address:
City:
State/Zip:

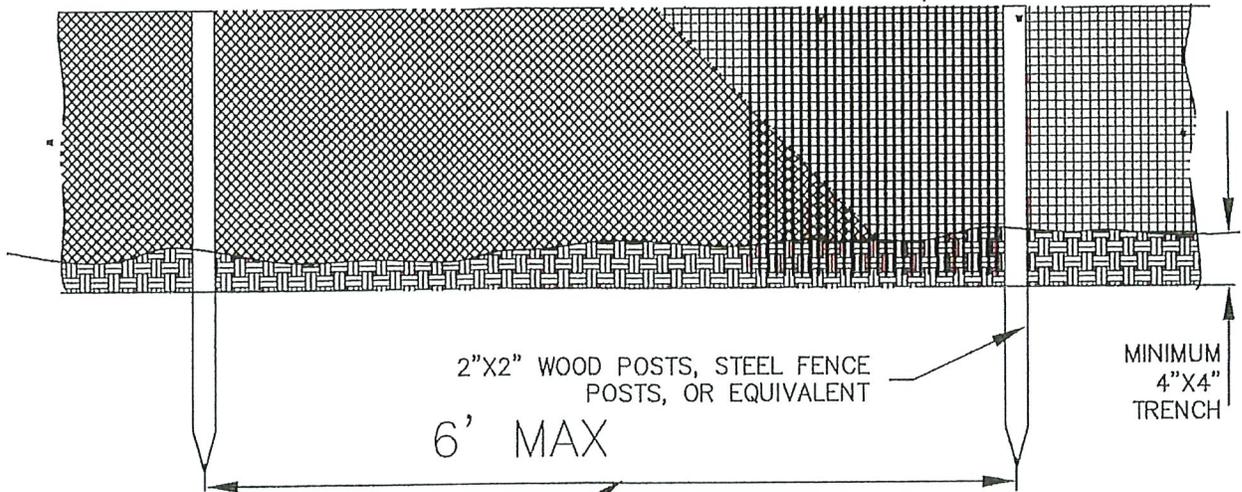
\*Identify and describe surfacing material and other materials as applicable: \_\_\_\_\_

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

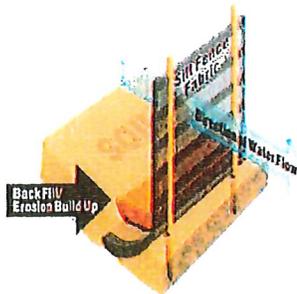
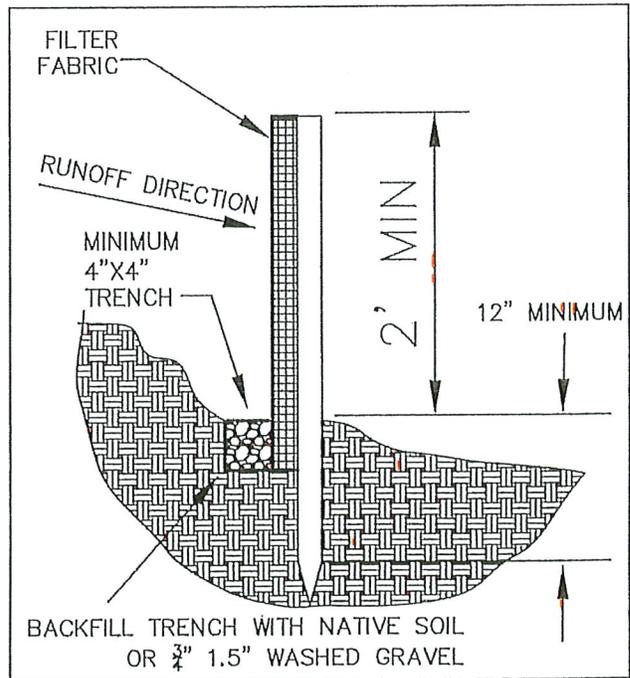
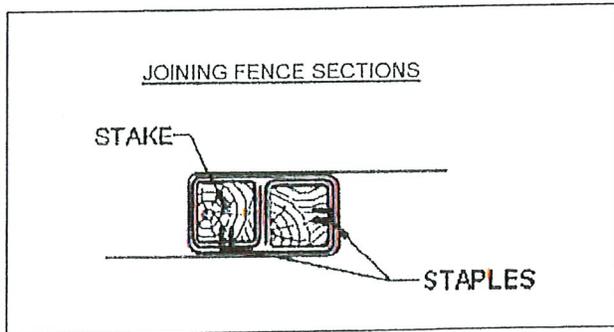
(Print Name of Owner/Operator) \_\_\_\_\_ (Date) \_\_\_\_\_
(Signature of Owner/Operator) \_\_\_\_\_ (Date) \_\_\_\_\_

JOINTS IN FILTER FABRIC SHALL BE SPLICED AT POSTS. USE STAPLES, WIRE RINGS OR EQUIVALENT TO ATTACH FABRIC TO POSTS

2"X2"X14Gd. WIRE OR EQUAL IF STANDARD STRENGTH FABRIC USED



POST SPACING MAY BE INCREASED TO 8' IF WIRE BACKING IS USED



**STANDARD CONSTRUCTION DETAIL**  
**SILT FENCE DRAWINGS**

INDEX

M-15A

Sep-2020



# City of Flagler Beach

P.O. Box 70 • 105 South Second Street  
Flagler Beach, Florida 32136  
Phone 386-517-2000 Ext. 248

## Material & Waste Management

1. The purpose of this section is to promote good housekeeping practices that are designed to significantly reduce and control stormwater runoff pollution which runs into storm drains, treatment facilities and local waterways during construction operations.
  
2. All construction sites shall adhere to the following practices:
  - a. Never dispose of any waste material into storm drains or sanitary sewers.
  - b. Portable waste receptacles must be on the construction site and must be serviced on a regular basis.
  - c. Ensure the disposal of scraps, waste, recyclables and surplus materials is in accordance with Federal regulations and local codes.
  - d. Paint/solvent storage shall not be within fifty (50) feet of an Environmentally Sensitive Area (ESA) and shall be enclosed in weather/leak proof storage facility. Frequently schedule the safe collection and removal of combustible waste.
  - e. Fuel storage tanks shall be located seventy five (75) feet or more from an ESA or storm drain and shall be in a State approved leak proof container.
  - f. All above ground tanks for fueling shall be secondarily contained.
  - g. Construction site driveways can be installed with or without wheel washing stations, but must prevent construction site vehicle wheels from transporting soil and sediment off of construction site and onto roadways.
  - h. All hazardous waste material will be disposed of in a manner specified by Federal, State, local regulations and manufacturer's specifications.
  - i. All on-site vehicles and tanks will be monitored for leaks and receive regular preventative maintenance to reduce the chance of leakage. Petroleum products shall be stored in tightly sealed containers, which are clearly labeled. Storage shall be at least seventy-five (75) feet from an ESA or storm drain.
  - j. Any pesticide and herbicide usage shall be applied by a State licensed applicator.
  - k. Fertilizers used shall be applied only in the minimum amount recommended by the manufacturer. If stored on-site, covered storage shall be provided. Any contents of any partially used bags of fertilizers shall be transferred to a sealable container.