



APPLICATION FOR APPROVAL OF DEMOLITION
INDIAN RIVER COUNTY HEALTH DEPARTMENT
 1900 27th 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.

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

Please print or type

PROPERTY OWNER'S NAME(S) _____
 Owner Phone: Business _____ Cell _____

ADDRESS OF PROPERTY _____

DESCRIPTION OF STRUCTURE(S) TO BE DEMOLISHED OR RENOVATED

Date constructed: _____
 Type of construction (Check one):
 CBS ___ W/F ___ Steel ___ Other(describe) _____
 Type of Structure (Check one):
 Single Family ___ Multi-Family ___ Commercial ___ Other(describe) _____
 Square Footage: _____
 Water Supply (Check one): Private Well ___ City/County Water _____
 Sewage Disposal (Check one): Septic tank(s) ___ City/County Sewerage _____

NAME AND PHONE NUMBER OF CONTRACTOR(S):

ACCESS TO STRUCTURE (check one):
 ___ Structure will be open for inspection.
 ___ A key is available for access to the structure at _____
 phone _____.

SIGNATURE OF OWNER OR OWNER'S AGENT _____ **DATE OF APPLICATION** _____
 _____ (Signature)
 _____ (Printed Name)

To be completed by owner or owner's agent and submitted with required fee to:
 Indian River County Health Department, Environmental Health Division
 1900-27th St., 2nd Floor, Vero Beach, FL 32960

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

TO BE COMPLETED BY HEALTH DEPARTMENT

FEE(circle one):

SINGLE FAMILY : \$75.00 DATE PAID: _____
MULTI FAMILY OR COMMERCIAL LESS THAN 3000 SQ.FT.: \$100.00 DATE PAID: _____
COMMERCIAL GREATER THAN 3000 SQ.FT.: \$150.00 DATE PAID _____