



Building Division
 5800 Melaleuca Lane
 Greenacres, Florida 33463-3515
 Ph: 561-642-2052 Fax: 561-642-2049
permitcenter@greenacresfl.gov

DEMOLITION PACKAGE & CHECKLIST

Project Information		
Address: _____ Greenacres, FL _____		
Required Plans and Documents		
Check One as Applicable		Building Staff ONLY
☐	Permit Application	☐
☐	Survey or site plan of the property indicating all structures (including driveways, pools, etc.) to be demolished.	☐
☐	Completed Demolition Package with all signed off releases from all utilities (FPL, Comcast, Water, AT&T and Gas), and Planning and Engineering.	☐
☐	Minimum of one (1) color photograph of each side/facade of the structure proposed to be demolished.	☐
☐	Asbestos Notification Statement.	☐
☐	Palm Beach County Health Department - Abandonment of Septic Tank (Note: A separate permit by a licensed plumbing contractor is required to disconnect and cap the sanitary sewer and/ or water service.	☐
☐	Extermination Certification Letter from a licensed Pest Control Operator (PCO) stating that all structures are rodent free.	☐
☐	Notice of Commencement for work valued at \$5,000 or more. (Recorded copy must be submitted to inspections@greenacresfl.gov prior to scheduling the first inspection)	☐



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Required Plans and Documents (Continued...)

NOTES:

- It is the responsibility of the applicant to protect the storm water drainage system by installation of a silt fence along the property lines and wrapping and blocking all drainage system inlets in the vicinity of the property. Once the silt fence is in place, please call (561) 642-2059 to schedule an inspection.
- The contractor is responsible for scheduling a **pre-demolition** inspection prior to commencement of all work.
- The contractor is responsible for scheduling the final demolition inspection upon completion of all work.
- Zoning and Engineering approval is required for demolition of all structures. Prior to submitting your completed application, you shall first obtain all required releases.
- **Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by the Building Official.**

Qualifier Signature: _____ Date: _____



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Utilities Releases Contact Information

Please email the applicable release form (below) to each utility company. Once approval is received, you can apply for the permit.

Florida Power & Light

Email: dcp-group.sharedmailbox@nexteraenergy.com

AT&T

Email: g46642@att.com

Florida Public Utilities

Email: engineering-wpb@fpuc.com

Comcast Cable

Email: Daniel_Tiburcio2@comcast.com

Palm Beach County Water Utilities

Email: wudplanreview@pbcwater.com

Zoning and Engineering Division

Email: grouppz@greenacresfl.gov



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UTILITIES DISCONNECTION RELEASE (FPL, Water, ATT, Comcast, Gas)

Site Information
Address: _____ Greenacres, FL _____
Applicant's Information
Application for permit is being made by the undersigned for the demolition and removal of _____ on _____. (Type of Structure) (Scheduled Date of Demolition)
Legal description or PCN: _____
Property Owner: _____
Applicant's Name: _____
Applicant's Address: _____
Applicant's Email Address: _____
Applicant's Phone Number: _____
I understand that your company will not be responsible in any way for repairs to, or replacement of any portion of the above-mentioned improvement and that any removal or replacement of this improvement necessary for your use or access of this easement will be done at the expense of the property owner or their successor in interest.
Applicant's Signature: _____ Date: _____
Utilities Acknowledgement (to be filled out by Utilities Company ONLY)
We agree with the proposed improvement under the circumstances described below: ☐ Facilities of this company are not involved in the above-referenced premises ☐ Facilities of record were removed from the above-referenced premises. Name: _____ Title: _____ Utility Company: _____ Date: _____



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PLANNING & ENGINEERING RELEASE

Site Information
Address: _____ Greenacres, FL _____
Applicant's Information
Application for permits is being made by the undersigned for the demolition and removal of _____ (Type of Structure) on _____ (Scheduled Date of Demolition)
Legal description or PCN: _____
Property Owner: _____
Applicant's Name: _____
Applicant's Address: _____
Applicant's Email Address: _____
Applicant's Phone Number: _____
Applicant's Signature: _____ Date: _____
Zoning & Engineering Approval
Comments: _____ _____ _____ _____
Approved by: _____ Title: _____
Signature: _____ Date: _____