



# DEMOLITION CERTIFICATE APPLICATION

City of Arcadia Florida  
Community Development  
23 Polk Avenue North  
Arcadia, FL 34266  
(863) 494-4114

City Website: [arcadia-fl.gov](http://arcadia-fl.gov)

Date Stamp

Fee: \$45.<sup>00</sup>

R# \_\_\_\_\_

File No. : 15 - \_\_\_\_\_ DP

A demolition certificate allows a property owner to demolish a building structure and clear the debris from the lot the structure is located on. The City administers demolition certificate to ensure that life safety, local regulations, and utility system services have been disabled. After City approval of the Demolition Application, a copy of the approved building and utility demolition plans be included as part of your Desoto County Building Permit Application.

### APPLICANT'S INFORMATION

(Agent or Contractor)

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

### PROPERTY OWNER'S INFORMATION

(Leave Blank if Same as Applicant)

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

### I. Property Information

Parcel Address (if assigned): \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

### II. Type of Building Structure Proposed for Demolition

<input type="radio"/> Single-family	<input type="radio"/> Multi-family	<input type="radio"/> Manufactured	<input type="radio"/> Garage or Shed	Other _____
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### III. Property Improvements – Please indicate what, if any, building structure or site improvements will be preserved:

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**IV. Land Use Standards**

Zoning District: \_\_\_\_\_

Is the property located within a Historic District:  No  Yes (if yes, please see staff for HPC application)

**V. Utility Services**

Please indicate which utilities (if any) and size of service lines you wish to cease services:

<input type="radio"/> Backflow Preventer	<input type="radio"/> Water Line	<input type="radio"/> Sewer Line	<input type="radio"/> Re-Use Line
Device: _____	Size: _____	Size: _____	Size: _____

**VI. Special Conditions or Notes to Inspector**

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<p><b>Planning and Zoning Review:</b></p> <p><input type="radio"/> Approved</p> <p><input type="radio"/> Denied</p> <p>_____</p> <p>Zoning Inspector Signature</p> <p>Date: _____</p>	<p><b>Utility Systems Review:</b></p> <p><input type="radio"/> Approved</p> <p><input type="radio"/> Denied</p> <p>_____</p> <p>Utility Inspector Signature</p> <p>Date: _____</p>	<p><b>Notes, Restrictions, and Permit Coordination:</b></p> <hr/> <hr/> <hr/> <hr/>
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