



## Demolition Permit Application

Site Address:	
Parcel#:	Job Valuation (\$):

Property Owner Name:	Email:
Full Address:	Phone:

COA Contractor #:	Qualifier Name:
Qualifier Phone:	Qualifier Email:

Description of Work:

Applicant/Owner acknowledges and accepts all applicable conditions and provisions of this permit by signing this application. Applicant agrees to indemnify, hold harmless, and defend the City of Auburndale from any and all actions, causes of action, claims, suits, or judgements whatsoever, in conjunction with any loss, costs, expenses, including attorney fees resulting from injury or death of any person or persons, and loss of damage to property caused by, resulting from, or in any ways associated with the proposed work within the City right of way. Applicant acknowledges that driveways shall be constructed in accordance with the City of Auburndale standards and State of Florida Erosion and Sediment Control Designer and Reviewer Manual.

Applicant/Owner/Contractor shall provide proof of insurance as required by the City of Auburndale.

**I hereby certify that the information set forth above is true and correct and that I am the property owner or lessee or acting as the agent of either and have been authorized by them to make this application.**

Owner Signature:	Date:
Contractor Signature:	Date: