



CITY OF WINTER SPRINGS

1126 East State Road 434
Winter Springs, FL 32708
Phone: 407-327-1800 Fax: 407-327-4784
www.winterspringsfl.org

DEMOLITION

Asbestos Notification Statement

As required by Section 553.79, Florida Statutes

Type of construction (check one):

_____ **FIRE DAMAGE**

_____ **DEMOLITION**

_____ **RENOVATION OF EXISTING BUILDING**

As owner/general contractor of record for demolition/renovation/fire damage of permit # _____,

I acknowledge my responsibility for compliance with the provisions of Section 455.302, Florida Statutes and to notify the Department of Environmental Regulations regarding any asbestos removal, when applicable, in accordance with the State and Federal law.

Print Name

Applicant Signature

_____ **Owner** _____ **Contractor**