



CITY OF CRESTVIEW

GROWTH MANAGEMENT DEPARTMENT

Building Permits & Inspections

P.O. Drawer 1209, Crestview, Florida 32536

Phone (850) 689-1618/1619 Fax (850) 689-4575

ASBESTOS NOTIFICATION STATEMENT

Florida Building Code 105.9 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of *Section 469.003, Florida Statutes*, and to notify the **Department of Environmental Protection** of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

469.003 License Required –

1. No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.
2. (a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter. (b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor and who has complied with the training requirements of S. 469.013(1)(b), may provide survey services as described in S. 255.553(1), (2) and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.
3. No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

AFFIDAVIT: I HAVE READ THE REQUIREMENTS ABOVE AND I UNDERSTAND AND AGREE TO THE REQUIREMENTS THEREIN.

Must be signed in the presence of a Notary

Signature of Owner or Agent (including Contractor)	Date
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**STATE OF FLORIDA
COUNTY OF OKALOOSA**

Sworn and subscribed before me this _____ day of _____, 20____
by _____.

Personally Known _____(or)
Produced Identification (TYPE) _____

Notary Public Signature



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ASBESTOS REMOVAL OWNER-BUILDER RESIDENTIAL EXEMPTION

Florida Building Code 105.3.6. Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application.

DISCLOSURE STATEMENT: STATE LAW REQUIRES ASBESTOS ABATEMENT TO BE DONE BY LICENSED CONTRACTORS. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU, AS THE OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN ASBESTOS ABATEMENT CONTRACTOR EVEN THOUGH YOU DO NOT HAVE A LICENSE. YOU MUST SUPERVISE THE CONSTRUCTION YOURSELF. YOU MAY MOVE, REMOVE OR DISPOSE OF ASBESTOS-CONTAINING MATERIALS ON A RESIDENTIAL BUILDING WHERE YOU OCCUPY THE BUILDING AND THE BUILDING IS NOT FOR SALE OR LEASE, OR THE BUILDING IS A FARM OUTBUILDING ON YOUR PROPERTY. IF YOU SELL OR LEASE SUCH BUILDING WITHIN 1 YEAR AFTER THE ASBESTOS ABATEMENT IS COMPLETE, THE LAW WILL PRESUME THAT YOU INTENDED TO SELL OR LEASE THE PROPERTY AT THE TIME THE WORK WAS DONE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR. YOUR WORK MUST BE DONE ACCORDING TO ALL LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS WHICH APPLY TO ASBESTOS ABATEMENT PROJECTS. IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT PEOPLE EMPLOYED BY YOU HAVE LICENSES REQUIRED BY STATE LAW AND BY COUNTY OR MUNICIPAL LICENSING ORDINANCES.

OWNER AFFIDAVIT: I HAVE READ THE DISCLOSURE STATEMENT ABOVE AND I UNDERSTAND AND AGREE TO THE REQUIREMENTS THEREIN

Must be signed in the presence of a Notary

Signature of Owner or Agent (including Contractor) _____
Date

STATE OF FLORIDA
COUNTY OF OKALOOSA

Sworn and subscribed before me this _____ day of _____, 20_____

by _____.

Personally Known _____ (or)

Produced Identification (TYPE) _____

Notary Public Signature