



City of Sweetwater
Building and Zoning Department
1695 NW 110th Ave, #109
Sweetwater, FL. 33172

DEMOLITION AFFIDAVITS

PROPERTY OWNER: _____

PERMIT ADDRESS: _____

PERMIT NUMBER: _____

FOLIO NUMBER _____

I _____ certify that no work has commenced

General contractor/ Property owner's name

prior to the issuance of a permit for demolition of the structure depicted under the above reference permit number and that there is **NO ELECTRICAL, PLUMBING, GAS OR HVAC** to be removed and/or capped. I understand that separate permits must be secured for any of the above referenced disciplines. I understand that in signing this affidavit and the permit application that I'm responsible for the supervision and completion of the demolition.

Contractor's Signature/ Title

Property Owner

Company Name

Address

Address

State of _____

State of _____

County of _____

County of _____

Sworn to (or affirmed) and subscribed before methis

Sworn to (or affirmed) and subscribed before methis

_____ Day of _____, 20 _____

_____ Day of _____, 20 _____

By _____

By _____

Notary Public: Name / Signature(SEAL)

Notary Public: Name / Signature(SEAL)

Personally known Produced Identification

Personally known Produced Identification

Type of ID produced _____

Type of ID produced _____