



City of Panama City Universal Application

Development Services Department
501 Harrison Avenue, Panama City, FL 32401
850-872-3025 ~ plus@pcgov.org

1 Today's Date:

2 Has a change been requested for this property within the last year?

Yes No

Appointments are suggested for all application submittals, please call to schedule.

3 Type of Request: (check all that apply)

- Annexation/Future Land Use (Small Scale)/Rezoning
- Banner Development Order (Temporary)
- Commercial / Industrial Development Order
- Construction Dumpster/Portable Container Permit Development Order
- Demolition Development Order
- Dock Development Order
- Expansion of a Non-Conforming Use
- Large Scale Amendment / Future Land Use Map
- Residential - Utility Service Application
- Road / Alley Right Of Way Abandonment
- Sign Development Order
- Tent Development Order (Temporary)
- Utility Easement Abandonment
- Variance/Administrative Decision Challenge
- Underground Utilities Abandonment**

4 Property Location:

Address of Subject Property _____
Size of Property (if known): _____ (in square feet or acres)
Bay County Parcel ID #: _____

5 Property Owner / Business / Tenant Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone 1: _____ Phone 2: _____
Email: _____

I hereby certify that I am the owner of record of the property described in Step 4 above and that I approve of the requested action herein. I hereby authorize the City staff to enter upon my property for the purpose of site inspection and the placement of a public notice sign (if necessary) for this application. I understand that the Planning Division may take up to 30 days to complete its review. I also understand that an approved Development Order from the City must be submitted to the Building Department (EPCI) by the applicant before commencement of construction is authorized. I also understand that City Development Orders are valid for a period of twelve (12) months from the date of issuance, unless the Development Services Department grants an extension.

Signature of Owner: _____

FOR CITY STAFF ONLY

Fees Paid:

Fees Collected: \$ _____

Check Number: _____

Receipt No. : _____

6 Applicant / Authorized Agent / Primary Contact / Contractor Information *:

Name: _____ Email: _____

Address: _____ Phone 1: _____

City: _____ State: _____ Zip: _____ Phone 2: _____

I hereby certify that the information contained in this application is true and correct, and understand that deliberate misrepresentation of such information will be grounds for denial and reversal of this application and/or revocation of any approval based on this application. I understand that the Planning Division may take up to 30 days to complete its review. I also understand that an approved Development Order from the City must be submitted to the Building Department (EPCI) by the applicant before commencement of construction is authorized. I also understand that City Development Orders are valid for a period of twelve (12) months from the date of issuance, unless the Development Services Department grants an extension.

Signature of Applicant: _____ Date: _____

7 * Notarized Authorization:

*If the applicant is not the property owner and the owner is allowing the applicant to act on their behalf, a notarized signature of the owner is required.

Signature of Owner: _____ Date: _____

STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, Year _____, by
_____ (Name of Person Making Statement)
_____ (Official Notary Signature)

NOTARY SEAL _____
(Name of Notary Type Printed or Stamp)
Personally known: _____ or Produced Identification: _____
Identification Produced: _____





**CITY OF PANAMA CITY, FL
UNIVERSAL APPLICATION, PAGE 2**

UNDERGROUND UTILITIES ABANDONMENT



FOR CITY USE ONLY

These markings are as you are facing the property as indicated below.

Sewer Line	L <input type="checkbox"/>	R <input type="checkbox"/>	Marked on pavement <input type="checkbox"/>	Marked in alley <input type="checkbox"/>
Domestic Water Line	L <input type="checkbox"/>	R <input type="checkbox"/>	Marked on pavement <input type="checkbox"/>	Marked in alley <input type="checkbox"/>

Additional Comments:

Inspection Date:	Inspected By:
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CITY OF PANAMA CITY, FL INSTRUCTION SHEET

UNDERGROUND UTILITIES ABANDONMENT

Sanitary sewer lines from a structure connecting to the City of Panama City's wastewater collection system must be abandoned by way of a physical separation at the property line of the proposed demolition site. Locating the onsite private utilities will be the responsibility of the contractor / homeowner. See photos below for examples of a proper abandonment.



Both above ground and below ground abandonments as seen in these examples are acceptable. Both types of abandonments must be left open for inspection.

***** IMPORTANT*****

When leaving your abandonment open for inspection, always remember

Medallion Marker Placement. At the time of inspection, the inspector or agent performing the inspection will place a steel medallion in the roadway approximately 6" to 8" off the edge of pavement; a 2" medallion for sewer and a 1" medallion for water. In areas where there is no pavement, such as in alley ways and dirt roads, a 24" piece of steel rebar will be placed in the ground and identified by blue tape for water and green tape for sewer.



“Call Before You Dig.” It's the law!

Domestic Water Service Abandonment

The water meter connected to the water lines servicing the structure of the proposed demolition site must be cut/capped or the meter must be removed by the Underground Utilities/Water Department. If you would like to install a temporary hose connection for future use, have that ready for inspection, prior to calling in for final inspection. **To schedule the removal of your water meter, call the City's Water Department at: 850-872-3166.**

To schedule your final utilities inspections, please call the City's Underground Utilities Inspection Line at: **850-381-2642.**

Once you have the **Demolition Development Order** and the **Underground Utility Abandonment Inspection Form** completed and approved, you may then apply for your demolition permit through the City's Building Department known as **EPCI**. For your convenience, an EPCI representative is located at City Hall in Room 217.

Please Note: Always remember to keep your permit on site.



**Florida Department of
Environmental Protection**
Division of Air Resource Management

DEP Form 62-257.900(1)
Effective 10-12-08
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NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

- TYPE OF NOTICE (CHECK ONE ONLY):** ORIGINAL REVISED CANCELLATION COURTESY
- TYPE OF PROJECT (CHECK ONE ONLY):** DEMOLITION RENOVATION
- IF DEMOLITION, IS IT AN ORDERED DEMOLITION? YES NO
- IF RENOVATION:
- IS IT AN EMERGENCY RENOVATION OPERATION? YES NO
- IS IT A PLANNED RENOVATION OPERATION? YES NO

I. Facility Name _____

Address _____

City _____ State _____ Zip _____ County _____

Site _____ Consultant Inspecting Site _____

Building Size _____ (Square Feet) # of Floors _____ Building Age in Years _____

Prior Use: School/College/University Residence Small Business Other _____

Present Use: School/College/University Residence Small Business Other _____

II. Facility Owner _____ Phone (____) _____ Email Address _____

Address _____

City _____ State _____ Zip _____

III. Contractor's Name _____ Phone (____) _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Is the contractor exempt from licensure under section 469.002(4), F.S.? YES NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)

Asbestos Removal (mm/dd/yy) Start: _____ Finish: _____ Demo/Renovation (mm/dd/yy) Start: _____ Finish: _____

V. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components. _____

Procedures to be Used (Check All That Apply):

<input type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Wet Method	<input type="checkbox"/> Dry Method*	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down
OTHER _____			

*MUST OBTAIN PRIOR DEP APPROVAL BEFORE USING A DRY METHOD

VI. Procedures for Unexpected RACM: _____

VII. Asbestos Waste Transporter: Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

VIII. Waste Disposal Site: Name _____ Class _____

Address _____

City _____ State _____ Zip _____

IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM. _____

Amount of RACM or ACM*

RACM **ACM**

_____ square feet surfacing material

_____ linear feet pipe

_____ cubic feet of RACM off facility components

_____ square feet cementitious material

_____ square feet resilient flooring

X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)

Name:
Address:
City:
State/Zip:

*Identify and describe surfacing material and other materials as applicable: _____

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

(Print Name of Owner/Operator) _____ (Date) _____

(Signature of Owner/Operator) _____ (Date) _____

Instructions

The state asbestos removal program requirements of s. 376.60, F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61, Subpart M, as embodied in Rule 62-257, F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it **ordered** by the State or a local government agency? If so, in addition to the information required on the form, the owner/operator must provide the name of the agency ordering the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an **emergency renovation operation**? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. If you checked renovation and it is a **planned renovation operation**, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

- I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200, F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."
- II. Complete the facility owner information.
- III. Complete the contractor information.
- IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.
- V. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800, F.A.C., requires obtaining Department approval prior to using a dry removal method in accordance with 40 CFR section 61.145(3)(c)(i).)
- VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.
- VII. Complete the asbestos waste transporter information.
- VIII. Complete the waste disposal site information.
- IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is **only** permissible if the length or area could not be measured previously.) Identify and describe the listed surfacing material and other listed materials as applicable.
- X. Provide the address where the Department is to send the invoice for any fee due. Do not send a fee with the notification. The fee will be calculated by the Department pursuant to Rule 62-257.400, F.A.C.

Sign the form and mail the original to the district or local air program having jurisdiction in the county where the project is scheduled (**DO NOT FAX**). The correct address can be obtained by contacting the State Asbestos Coordinator at: Department of Environmental Protection, Division of Air Resources Management, 2600 Blair Stone Road, Tallahassee, FL 32399-2400.