



One 4<sup>th</sup> Street North  
St. Petersburg, FL  
33701  
727-893-7231

# Utility Verification For Demolition of Structures

Revised September 2019

**DEMOLITION ADDRESS:** \_\_\_\_\_ **St. Petersburg, FL** \_\_\_\_\_

It is my responsibility to contact the utility services identified on this form and obtain their signature(s), verifying services disconnection, and prior to the issuance of a demolition permit.

**Affidavit of No Utilities:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This structure is accessory to the principal structure and contains **NO utilities**. (e.g. water, sewer, electric, gas, etc.)

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**Sunshine State One Call Florida**

www.Sunshine811.com

Telephone: 1-800-432-4770

\_\_\_\_\_  
SSOCF 8-Digit Number

\_\_\_\_\_  
Date Called

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**Power Company**

Telephone: 1-866-372-4663

Fax: 1-800-662-5570

Email: [bsucst@duke-energy.com](mailto:bsucst@duke-energy.com)

I certify that the electrical service has been disconnected.

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

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**TECO Gas Systems, Inc.**

Email: [HLFrancis@tecoenergy.com](mailto:HLFrancis@tecoenergy.com) & [SSTinney@tecoenergy.com](mailto:SSTinney@tecoenergy.com)

Telephone: 1-877-832-6747

Fax: 727-826-3226

I certify that the gas service has been disconnected.

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

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**St. Petersburg Water Dept.**

325 Central Avenue

St. Petersburg

Telephone: 727-893-7021

Fax: 727-893-7993/Attn: Utility Verification

Water material removed:  Yes  No

Size of remaining meter \_\_\_\_\_

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

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**Telephone Land Line**

**Provider Name:**

I certify that the phone service has been disconnected.

\_\_\_\_\_  
(If Applicable)

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

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**AFFIRMATION FOR A DEMOLITION PERMIT**

1. I assume full responsibility with a demolition permit and will personally provide direct, onsite supervision or perform all demolition work. I understand it is my responsibility to call for the required plumbing sewer cap-off and final building inspection at completion of the demolition work.
2. I will provide the Pinellas County Department of Environmental Management, Air Quality Division, a written asbestos survey (if applicable) before demolition of a building. A copy of the survey will be included with a written notification for demolition operations.
3. I understand written notification is required 10 days prior to the demolition, including buildings where no asbestos is present. I further understand if the building has been declared structurally unsound by a State or local building official, or in danger of imminent collapse, the written notification must be provided one (1) day prior to the demolition.
4. I have informed the building owner that both the owner of the building and the contractor performing the demolition are responsible for meeting the asbestos requirements.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_