

**FMS BUILDING DEPARTMENT**  
18001 Gulf Blvd  
Redington Shores, Florida 33708  
Phone (727) 202-6825 Fax (727) 258-4986

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Asbestos Notification Statement.

FBC 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 her or his intentions to remove asbestos, when applicable, in accordance with state and federal law.

FS 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 <sup>1</sup>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.

I certify that I have read and understand and will comply with the provisions of this asbestos notification statement and that I will comply with all state and federal regulations pertaining to asbestos.

\*Owner or Operator Signature: \_\_\_\_\_ Date : \_\_\_\_\_

\*Property Location where Florida Building Code section 105.9 is applied to \_\_\_\_\_

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STATE OF FLORIDA COUNTY OF \_\_\_\_\_ .

I certify under penalty of perjury  
that the factual statements contained \_\_\_\_\_ Notary  
in this application are true this \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ Public:  
\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\*REQUIRED FIELD