



CITY OF CAPE CANAVERAL ASBESTOS NOTIFICATION STATEMENT

City of Cape Canaveral Building Department 105 Polk Ave. Cape Canaveral, FL 32920

(321) 868-1222

[You may download this authorization: www.myflorida.com/cape. You may fax to: (321) 868-1247]

Date: _____

As required by Florida Statute 376.60, please complete this form indicating compliance with the asbestos notification requirements of the State of Florida.

Site Address: _____

Scope of work (check one):

<input type="checkbox"/>	Fire Damage
<input type="checkbox"/>	Demolition
<input type="checkbox"/>	Renovation of existing building

By my signature below I certify that I, _____, am the owner/General Contractor of record
printed name
for the work described above and I acknowledge my responsibility for compliance with the provisions of F.S. 376.60
to provide asbestos removal notification as described therein.

I further acknowledge receipt of D.E.P. form 62-257.900(1) and a copy of F.A.C. Ch 62-257.

Signature: _____
Owner/Contractor

For Notary use only: State of Florida, County of Brevard
Sworn and subscribed before me this _____ day of _____, 20____, by _____
Name of Applicant

who produced identification: _____ or
 is personally known to me.

Seal: _____
Signature - Notary Public At Large