

# ROOF PERMIT APPLICATION

*\*Pursuant to F.S. 553.721 & F.S. 468.631, a surcharge fee will be collected on any permit regulated under the FBC.\**

Job Address		Application Number
Tenant Name (If Applicable)	Legal Description	
<b>Use of existing/proposed structure(s):</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <b>Type of Work:</b> <input type="checkbox"/> Addition <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Roof Over <input type="checkbox"/> Single Family Re-Roof <b>Roof Covering Type:</b> <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Modified Bitumen <input type="checkbox"/> Tile <input type="checkbox"/> Other _____ <b>Roofing Materials:</b> Main Material FL Approval # _____ Underlayment FL Approval # _____		
Project Valuation	Additional Description, if any:	

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

Property Owner Name	
Owner's Authorized Agent (If Applicable)	
Mailing Address	
Phone Number	E-Mail
<i>Owner's Affidavit: I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances regulating construction and zoning will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local laws regulating construction or the performance of construction.</i>	

Signature of Owner \_\_\_\_\_

Print Name \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public Signature and Print Notary Commissioned Name  
 Personally Known / Identification Type \_\_\_\_\_ (Affix Seal Below)

Roofing Company Name	
Qualifier/License Holder Name	FL Certification Number
Mailing Address	
Office Phone	E-Mail
<i>Contractor's Affidavit: I hereby certify that the sheathing, nailing, dry-in, and flashings at the above referenced address will be installed in accordance with all applicable codes and standards set forth in the Florida Building Code and/or Florida Statutes 553.844, Windstorm Loss Mitigation for Roofing.</i>	

Signature of Contractor \_\_\_\_\_

Print Name \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public Signature and Print Notary Commissioned Name  
 Personally Known / Identification Type \_\_\_\_\_ (Affix Seal Below)