

Permit # _____

ROOFING PERMIT APPLICATION

Job Name: _____ Parcel # _____ - _____ - _____ - _____ - _____

Job Address: _____

Legal Description: _____

Property Owner Name & Address: _____

Phone Number: _____

Fee Simple Title Holders Name & Address: _____

Bonding Co. Name & Address: _____

Mortgage Lender Name & Address: _____

Prime Contractor Name: _____

Address: _____

Phone Number: _____

Contractor's State Certification or Registration No.: _____

Contractor's Local Certificate of Competency No.: _____

Designer's Name & Address: _____

SUB - CONTRACTOR	TBD	CO. LICENSE #	SUB - SIGNATURE
Roofing:			

Description of Work: _____

Directions from Building Division: _____

Code Edition: _____ Square Footage: _____ Estimated Cost: \$ _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELL, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and true, and that all work will be done in compliance with all applicable laws regulating construction, contractor licensing and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF REQUIRED, A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOBSITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

(Signature of Owner or Agent) (including contractor)
STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed this _____ day of _____, 20____ by:

(name of person making statement)

(Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

(Signature of Contractor)
STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed this _____ day of _____, 20____ by:

(name of person making statement)

(Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

Type of Building: Site Built Mobile Home – HUD Residential
 DCA Modular Other: _____ Commercial

Type of Re-Roof: Replacement ***Note: Replacement will require deck nailing and a secondary water barrier.
 Recover Number of Existing Layers: _____ ***NOTE: When the existing roof has 2 or more applications of any roof type replacement is mandatory.

Existing Roof Covering: _____

Existing Roof Deck: (material & size) _____

New Underlayment: _____

Manufacturer: _____

Product Description: _____

Florida Product Approval Number/Miami NOA: _____

OFFICE USE ONLY

PLAN REVIEW INFORMATION

Use Group: _____ Construction Type: _____ Wind Zone: _____ mph 1 2 3 4 5

Occupant Load: _____ Inspection Agency: _____

Item:	Fee:
Admin Fee / Copies	
DCA/BCAI	
Roofing	

PERMIT FEE: \$ _____ [] Fee Waived
ATF 2X FEE: \$ _____
FEE OWED: \$ _____ (Collect State Surcharge)
ADJUSTED FEE: \$ _____

TOTAL PERMIT FEE: \$ _____

Supervisor / Date

PX

Date

TOTAL COLLECTED:	<input type="text"/>
Issued By: _____	Date: _____

COMMENTS: _____

Permit Holder Notified: [] In Person [] By Phone [] Left Message [] Other _____
Staff Initials: _____ Date: _____ Time: _____ am pm

1st Attempt: _____ 2nd Attempt: _____ 3rd Attempt: _____