

ROOFING PERMIT APPLICATION

Property Owners Name _____
 Address _____ City _____ St _____ Zip _____
 Phone _____ Cell _____ Fax _____

Job site Address _____ City _____ FL Zip _____
 Property Parcel Number _____

Contractor _____ License No _____
 Address _____ City _____ St _____ Zip _____
 Phone _____ Cell _____ Fax _____

NOTICE OF COMMENCEMENT REQUIRED FOR ALL PERMITS THAT ARE \$2,500 OR MORE IN VALUE.

CHECK ALL THAT APPLY:

COMMERCIAL RESIDENTIAL

NEW RE-ROOF

- Florida Product Approval #(s): _____
- Number of Squares _____ Number of square feet _____
- Asphalt Shingles Must Comply with ASTM D225 or D3462
- Roof Pitch _____ Felt Pounds _____
- Wood Shingle or Shakes
- Slate or Slate Type Shingles
- Roof Tile
- Metal shingles
- Metal Panels/ Architectural Metal (MUST HAVE MFG. INSTALLATIONS INSTRUCTIONS)
- Structural Metal Roofing (MUST HAVE MFG. INSTALLATIONS INSTRUCTIONS)
- Low Slope/Bituminous Roof Systems
- Other Roofing System: If you're installing a system that is not indicated above please explain below and provide technical data to support the system. This system may need to be approved by the plans reviewer.

Fee is based on \$50.00 for 1st \$1000 of Valuation and \$5.00 for each additional \$1000 of valuation thereafter.

Valuation of the job (Estimate): _____ Permit Fee\$ _____

I hereby attest that all the information given is true and agree to install the roof in accordance with the manufacture's installation instructions and the 2010 Florida Building Code.

Signature of Contractor or Owner _____

Date _____