



ROOF COVERING PERMIT APPLICATION

Commercial Residential

Property Owner: _____ Permit #: _____
 STRAP #: _____ Lot #: _____ Block: _____ Unit #: _____
 Job Address: _____ Subdivision: _____
 Directions to job: _____
 Contractor Business Name/Applicant Name: _____
 License #: _____ Phone #: _____
 Email Address: _____
 Estimated Job Value: _____
 Job Description: _____

Are you using Private Provider services for the following: Plan Review? Yes No Inspections? Yes No

ADDITIONAL REQUIRED INFORMATION

Will any Structural work be done, or is this for a Tesla Roof System? Yes <input type="checkbox"/> No <input type="checkbox"/> - If Yes, a Roof permit will not be accepted. Please apply for an applicable Residential or Commercial permit.		
Type of Structure: <input type="checkbox"/> Primary Structure <input type="checkbox"/> Detached Accessory Structure		
Property Use Type: <input type="checkbox"/> Commercial Building <input type="checkbox"/> Duplex <input type="checkbox"/> Two Family Attached <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family/Condo 3+ Units <input type="checkbox"/> Single Family		
Tear off: Yes <input type="checkbox"/> No <input type="checkbox"/>	Roof Pitch:	Will the construction debris be recycled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a Partial Roof Replacement? Yes <input type="checkbox"/> No <input type="checkbox"/> If, Yes a Roof Plan must be provided showing the location of roof covering work being done. The Roof Plan must show an accurate shape of the entire building. Sample Roof Plans		
Shingle/Metal to Tile: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, engineering approval required with application submittal)		

Note: When submitting permits for apartments or condos, a site plan is recommended showing the location of the proposed improvements. A separate permit is required for each building.

Select Roof Material(s) being applied and provide the necessary information below:

Built Up Cedar Shake Clay Tile Concrete Tile Fiberglass Shingle Metal Metal over Shingle
 Metal Tile Modified Multiple Types* Rolled Roofing Shingle over Shingle Single Ply Urethane Coating
 *Use the Job Description field to outline the Roof Material Types being used.

PRODUCT APPROVAL INFORMATION LIST

PRODUCT TYPE	APPROVAL NUMBER (Per FL STAT. 553.842)	EXPIRATION DATE (Must be greater than today's date)
<input type="checkbox"/> FL# <input type="checkbox"/> NOA		
<input type="checkbox"/> FL# <input type="checkbox"/> NOA		
<input type="checkbox"/> FL# <input type="checkbox"/> NOA		
<input type="checkbox"/> FL# <input type="checkbox"/> NOA		

The proposed product(s) must meet the required pressures described in the code ([Chapter 3, Tables R301.2\(2\) & R301.2\(3\)](#))

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED OR IF NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENTLY PASSED INSPECTION. THE PERMIT IS VOID IF THE ZONING CLASSIFICATION IS VIOLATED. APPLICANT AGREES TO COMPLY WITH THE SANITARY REGULATIONS AND UNDERSTANDS THAT THE PROPOSED STRUCTURE MAY NOT BE USED OR OCCUPIED UNTIL AN APPROVED CERTIFICATE OF OCCUPANCY IS ISSUED. APPLICANT FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPRESENTATION OF THE IMPROVEMENTS IS A MISDEMEANOR AND UPON CONVICTION, APPLICANT CAN BE PUNISHED AS PROVIDED BY THE LAW. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR IMPROVEMENTS.

I hereby certify that to the best of my knowledge, the information submitted for this permit is true and correct, and complies with Deed of Restrictions.

Signature Authorization: _____ Date: _____

Print Name (required for hand signatures only): _____