



ROOFING PERMIT APPLICATION

Address where work will be performed: _____	
Property Owner's Name: _____	
Roofing Contractor: _____	
License holder's Name & business phone # _____	
State Certification # _____	Job Site Contact Person & # _____
Valuation of work: _____	

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 this jurisdiction. This permit becomes null and void if work is not commenced within six (6) months, or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is commenced

All work being preformed will comply with all applicable laws regulating construction and zoning.

If the property owner intends to obtain financing, advise to consult with their lender or attorney before the recording of the notice of commencement.

General Guidelines

1. _____ The Florida Building Code (FBC) requires inspection of Dry-in, Insulation, Roof covering, and flashing. All roofing projects will require at least two (2) inspections; rough and final. Schedule the first inspection when installation of roof covering begins.
2. _____ All roof covering, including installation and materials, shall comply with Chapter 15 of the Florida Building Code.
3. _____ All deteriorated construction and substandard work, discovered during the project, must be repaired or replaced.
4. _____ Skylights shall comply with the FBC regarding Windborne Debris Protection. Skylight used _____
5. _____ Per Chapter 15 FBC **No Roofover** shall be permitted in Wind Zones over 110MPH.

SLOPES LESS THAN 2:12

1. _____ All roof slopes must have minimum ¼:12 slope, per FBC.
2. _____ Roof decks and roof coverings shall be designed per 2004 FBC with Supplements.
3. _____ Provide complete description of roofing system, including installation instructions, associated details, underlayment and attachment.
4. _____ Provide copy of installers Certification, from manufacturer, for unconventional roofing systems such as Liquid-applied or Sprayed-on coatings, and warranty.
5. _____ All roof covering, including installation and materials, shall comply with Chapter 15, FBC.

Roof system used _____

SLOPES 2:12 OR GREATER

1. _____ Verify roof covering is approved for Correct Wind Zone. (ASTM D3161 CLASS F, ASTM D7158 CLASS G or TAS 107)
2. _____ Install six (6) nails per shingle strip.
3. _____ Install double underlayment on roof slopes less than 4:12.
4. _____ All roof covering, including installation and materials, shall comply with Chapter 15, FBC.

Roof covering used: Manufacturer _____, # fasteners _____ type _____ or provide supply cut sheet with application

Total Square Footage Under Roof (Square footage subject to state surcharge): _____

NOTE: NO MATERIAL RATED LESS THAN 120MPH WILL BE APPROVED IN WIND ZONE AREA.

Signature of Contractor _____
Sworn to and subscribed before me this _____ Day of _____,
_____ Notary Public