

OFFICE USE ONLY

REC'D: _____ BY: _____
APPLICATION #: _____
BUILDING /PLANNING
APPROVED BY: _____ DATE: _____
PERMIT #: _____
HDC SA #: _____



PERMITS
Roof
Revised
01/27/16

USE THIS FORM TO: Apply for a permit for a roofing project, such as a new roof or reroof.

FEES: Are based on the cost of the scope of work. Fees are payable when the permit is issued. HDC Staff Approval is \$15.

IMPORTANT NOTES: Prior to applying for a permit, contractors must be registered for the City (applicable licensing information, insurance, and worker's compensation). Most roof permits are issued upon receipt of application. Be sure to record a Notice of Commencement prior to initiating the project. You'll be contacted when your permit is ready for pickup.

The 5th Edition Florida Building Code is in effect as of application date. 105.1 FBC

Roofing specs may be required to accompany this application, and roofing material must be on site at time of inspection.

KEY CONTACTS: The Building Department will guide your application through appropriate reviews with other departments.

BUILDING PERMIT: If the roof permit is associated with construction or alteration where a Building Permit has been issued, please provide the Building Permit Number: _____

Are you also requesting HDC Staff Approval? If so, provide proof of ownership, photos, and visual of roof material.

Print Property Owner: _____ **Telephone:** _____

Job Address: _____

Parcel ID #: _____

Type of Roofing : _____

Cost of Job: _____ **Contractor:** _____

License #: _____ **Telephone:** _____ **Cell:** _____

Address: _____ **Email:** _____

Warning to Owner: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or attorney before recording your Notice of Commencement.

I agree to conform to all building regulations and ordinances in accordance with plans submitted.

Date

Signature of Applicant

STATE OF FLORIDA
 } ss
COUNTY OF NASSAU

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public: Signature

Printed Name

My Commission Expires

Personally Known _____ OR Produced Identification _____ ID Produced: _____