

Date: _____ Call Back #: _____ Fax Back #: _____

 Trust Acct #: _____ Roofing Permit #: **TBR** _____

 Building Permit #: **TBC/TRB** _____

 Improvements with a value less than \$300.00 do not require a Roofing Permit. ANY JOB VALUE GREATER THAN \$2,500.00 THAT IS NOT ASSOCIATED WITH A BLDG PERMIT **WILL REQUIRE A NOTICE OF COMMENCEMENT** BEFORE FIRST INSPECTION.

Roofing Contractor: _____ License #: _____

Job Address: _____ Cost of Imp: \$ _____

Owner: _____ Parcel ID #: _____

TYPE OF IMPROVEMENT	CLASS OF BUILDING	(Proposed Use)
01 NEW BUILDING	01 ONE FAMILY	09 WAREHOUSE
02 ADDITION	02 TWO FAMILY	15 BUSINESS
03 ALTERATION / REPAIR	03 TRIPLEX	16 AMUSEMENT, RECREATIONAL
04 QUADRIplex	04 QUADRIplex	17 CHURCH, OTHER RELIGIOUS
05 MULTI FAMILY _____units	05 MULTI FAMILY _____units	18 INDUSTRIAL
06 ROOMING HOUSE _____units	06 ROOMING HOUSE _____units	19 PARKING GARAGE
07 HOTEL, MOTEL _____units	07 HOTEL, MOTEL _____units	20 SERV. STATION, REP GARAGE
08 DORMITORY _____units	08 DORMITORY _____units	21 HOSPITAL, INSTITUTIONAL
12 SINGLE FAMILY ATTACHED	12 SINGLE FAMILY ATTACHED	22 OFFICE, PROFESSIONAL
		24 PUBLIC UTILITY
		25 SCHOOL, LIBRARY, EDUCATION
		26 STORES, MERCANTILE
		28 DAY CARE
		30 MULTI - USE
		32 COMM ACCESSORY STRUCTURE
		37 RESTAURANTS
		____OTHER SPECIFY _____

<input type="checkbox"/> New 1 & 2 Family Roof \$14.00 - # of units _____ If townhouse has attached units > than 4 fee is \$ 41 each	<input type="checkbox"/> Commercial Asphalt or Fiberglass Shingles \$54 appl plus \$0.0135 sq ft. max \$268 SQ FT _____
<input type="checkbox"/> 1 Family Detached Reroof \$148.00	<input type="checkbox"/> Commercial all Other Roof Types \$54 appl plus \$ 0.020 sq ft. max \$268 SQ FT _____
<input type="checkbox"/> 1 Family Attached & 2 Family Reroof \$54.00	

3% State Surcharge or a minimum \$4.00 and a \$2.50 Training Surcharge will be added to each permit issued.

SHINGLE TILE METAL ROOF

Roof Slope: _____ " in 12"

SLOPES LESS THAN 4" in 12" SHALL BE APPROVED BY CODES REVIEW STAFF BEFORE PERMIT ISSUANCE

Roof Decking Material: _____

Underlayment Material _____

Asphalt Shingles: comply w/ASTM D 225 or ASTM D 3462

Manufacturer _____

Florida Product Approval # FL _____

****RE ROOF UNDERLAYMENT SHALL BE ASTM D 226 TYPE I OR II, ASTM D 4869 TYPE II OR IV OR APPROVED SYNTHETIC ****

****THE ROOF BEING REROOFED HAS POSITIVE DRAINAGE AS DEFINED IN THE FLORIDA BUILDING CODE YES NO**

COT Staff Approval: _____

BUILT-UP ROOFS:

Type Roof Deck: _____

Base Ply: _____

****THE ROOF BEING REROOFED HAS POSITIVE DRAINAGE AS DEFINED IN THE FLORIDA BUILDING CODE YES NO**

Florida Product Approval # FL _____

COT Staff Approval: _____

SINGLE PLY BRAND OR MODIFIED BITUMEN:

Brand Name: _____

Manufacturer: _____

****THE ROOF BEING REROOFED HAS POSITIVE DRAINAGE AS DEFINED IN THE FLORIDA BUILDING CODE YES NO**

Florida Product Approval # FL _____

COT Staff Approval: _____

CONTRACTORS PLEASE READ: Florida Statues 489-113(3)(b) indicates that: 'A general, building, or residential contractor shall not be required to subcontract the installation of wood shingles, wood shakes, asphalt or fiberglass shingle roofs on a new building of his own construction. The contractor obtaining this roof permit shall use his/hers own employees (personnel presently on the payroll). Florida Statutes: 489.113(3)(g) indicates that: 'No general, building or residential contractor certified after 1973 shall act as, hold himself out to be, or advertise himself to be a roofing contractor unless he is certified or registered as a roofing contractor.' Last certified contractor # that is permitted to pull roofing permit is 0007837.

SIGNATURE of the Licensee OR Authorized Agent _____ / _____ PRINT NAME _____ Date _____