

CITY OF APALACHICOLA
BUILDING DEPT.
 192 Coach Wagoner Blvd. 850-653-1522
APPLICATION FOR ROOFING PERMIT

DATE: _____ Permit Issued: _____ Permit Fee _____

OWNER'S NAME: _____ Email: _____

ADDRESS: _____ PHONE # _____

CONTRACTOR'S NAME: _____

Email: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

ADDRESS OF PROJECT: _____

TYPE ROOF/RE-ROOF: _____

IF THE APPLICATION IS FOR A COMMERCIAL PROJECT PLEASE LIST THE NAME OF THE BUSINESS:

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. I understand that a separate permit must be secured for electrical work, plumbing, signs, roofing, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc. (applications may be emailed to towens@cityofapalachicola.com or dropped off at City Hall mailbox)

PURPOSE OF BUILDING:

Single Family Townhouse Commercial Industrial Shed
 Multi-Family Roof Pole Barn

Cost of Construction \$ _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. For improvements to real property with a construction cost of \$2,500 or more, a certified copy of the Notice of Commencement is required to be submitted to this Department when application is made for a permit or the applicant may submit a copy of the Notice of Commencement along with an affidavit attesting to its recording. A certified copy of the Notice of Commencement must be provided to this Department before the second or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, facsimile or hand delivery.

OWNER'S AFFIDAVIT: I hereby certify that the information contained in this application is true and correct to the best of my knowledge. And that all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Owner Date

Signature of Contractor Date

Notary as to Owner
Date: _____

Notary as to Contractor
Date: _____

My Commission expires: _____

My Commission expires: _____

(email to: **buildingdepr** [@cityofapalachicola.com](mailto:buildingdepr@cityofapalachicola.com) or drop off in City drop box)
 (make checks payable to City of Apalachicola)

To prevent \$75 charge, call for Mid-Roof & Final Roof Inspections



City of Apalachicola
Building Department
162 Coach Wagoner Blvd., Apalachicola, FL 32320
Phone: 850-653-9319, ext. 211
buildingdept@cityofapalachicola.com

PERMIT #: _____

ROOF INSPECTION AFFIDAVIT

JOB SITE ADDRESS: _____

I, _____, licensed as the following: Engineer Architect.
 FS 468 Building Inspector Owner/Builder

Florida License # _____

On or about Date: _____ Time: _____, I did personally inspect the Roof Deck Railing and/or Secondary Water Barrier located at the above address and affirm and certify that the roof deck nailing, secondary water barrier and roof to wall connection (if applicable) will be completed in accordance with F.S.553.844 and the Florida Building Code.

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Under penalties of perjury, I declare that I have read the foregoing Inspection Affidavit and that all statements are true and correct.

Signature Date

Printed Name: _____

** General, Building, Residential, or Roofing Contractor or any individual certified under 468.F.S. to make such an inspection. Include photographs of each plane of the roof with the permit number or address clearly shown on the deck for each inspection.

This completed Affidavit must be on-site at the time of final inspection. If this affidavit is NOT available, your final inspection will be failed with a fee.