OFC USE	
FEES:	
<b>Application Fee:</b>	\$
Other:	\$
Total:	\$
Paid:	



OFC USE					
<b>Approved by Building Officials</b>					
	•				
 Date:					

## City of Apalachicola ROOFING PERMIT APPLICATION

Owner's Name:		EMAIL:	
Address:			
Contractor's Name:			
Address:			
State License #:		COA #	
Address of Project:			
Property/Parcel ID# & Legal	description:		
If the application is for a Cor	nmercial Project ple	ase list the Name of the Business:	
Industrial Shed Application is hereby made to installation has been commend standards of all laws regulating for electrical work, plumbing (applications may be emailed to buildingdept.@cityofapalachic warning to own warning	poobtain a permit to do ted prior to the issuar g construction in this justification, signs, roofing, poor to Ron Nippe, Building to Ron	Multi-Family Commercial le Barn Cost of Constitute work and installations as indicated ace of a permit and that all work will be urisdiction. I understand that a separalls, furnaces, boilers, heaters, tanks, a permit Clerk, rnippe@cityofapalachico. If at City Hall, 192 Coach Wagoner Blvd. In Commencement may result obtain financing, consult with your least of \$2,500.00 or more, a commencement when applicated a commencement along with an affid mencement must be provided the Burner of the documents to the done in compliance with all applications. It is done in compliance with all applications.	ruction: \$ I certify that NO WORK or performed to meet the ate permit must be secured and air conditioners, etc. pla.com or al., Apalachicola, FL 32320).  In you paying twice for ender or attorney BEFORE  Extified copy of the Notice of ation is made for a permit or lavit attesting to its ailding Department BEFORE that have been certified may attorney between the certified may are the condition is true and correct to
Notary as to Owner	Date	Notary as to Contractor	 Date
My Commission Expires:		My Commission Expires:	



City of Apalachicola Building Department 162 Coach Wagoner Blvd., Apalachicola, FL 32320

Phone: 850-653-7592 rnippe@cityofapalachicola.com or

buildingdept@cityofapalachicola.com

		<u>PERMIT #:</u>	<del> </del>
	ROOF INSPECT	ION AFFIDAVIT	
JOB SITE ADDRESS:			
I,	_, licensed as the following:   B	Engineer	
	☐ FS 468 Building Inspector	r □ Owner/Builder	
Florida License #			
On or about Date: Railing and/or Secondary W	Time: Vater Barrier located at the above a	, I did personally inspect the Roaddress and affirm and certify that the roof deck	of <u>Deck</u> k nailing,
		able) will be completed in accordance with F.S	
Based upon that examination Manual (Based on 553.844 I		on was done according to the Hurricane Mitigat	ion Retrofit
Under penalties of perjury, I correct.	declare that I have read the foreg	going Inspection Affidavit and that all statement	ts are true and
Signature	Date		
Printed Name:			
		ny individual certified under 468.F.S. to make s h the permit number or address clearly shown of	

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.