

OFFICE USE

FEES:

Application Fee: \$ _____
Other: \$ _____
Total: \$ _____
Paid: _____



OFFICE USE

Approved by Building Official: _____

Date: _____

PERMIT #: _____

ROOFING PERMIT APPLICATION

Owner's Name: _____ email: _____

Address: _____ Ph# _____

Contractor's Name: _____ Ph# _____

Address: _____

State License # _____ Business License # _____

Address of Project: _____

Type of Roof/Re-roof: _____

Property/Parcel ID# & Legal description: _____

If the application is for a Commercial Project please list the Name of the Business: _____

Flood Plain Administrator must determine Flood Zone Designation before a fill permit may be issued:

FEMA designation: _____

Date: _____

Type of Building: ___ Single Family ___ Multi-Family ___ Commercial

___ Townhouse ___ Industrial ___ Shed ___ Pole Barn

Cost of Construction:

\$ _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that NO WORK or installation has been 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 Ron Nippe, Building Permit Clerk, rnippe@cityofapalachicola.com or buildingdept.@cityofapalachicola.com or dropped off at City Hall, 192 Coach Wagoner Blvd., Apalachicola, FL 32320).

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 attorney BEFORE recording your Notice of Commencement.

For improvements to real property with a construction cost of \$2,500.00 or more, a certified copy of the Notice of Commencement is required to be submitted to the Building 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 the Building Department BEFORE the second or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, fax, or hand-delivery.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. {553.79 Permits; applications; issuance; inspections}

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.

Owner

Date

Contractor

Date

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

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.