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OFFICE USE Approved by Building Official:				
Date:				
PERMIT #:				

## ROOFING PERMIT APPLICATION

	KOOFING	PERIVITI APPLICATION			
Owner's Name:		email:			
Address:		Ph#			
Contractor's Name:		Ph#			
Address:					
		Business License #			
Address of Project:			Flood Plain Administrator		
Type of Roof/Re-roof:	must determine Flood Zone				
Property/Parcel ID# & Legal d			Designation before a fill permit may be issued:		
If the application is for a Comn	FEMA designation: Date:				
<b>Type of Building</b> : Single F			Cost of Construction:		
(applications may be emailed to buildingdept.@cityofapalachicola WARNING TO OWNER: Your faimprovements to your property recording your Notice of Common For improvements to real property Common Former is required to the applicant may submit a correcording. A certified copy of the submit of the su	Ron Nippe, Buildin a.com or dropped of ilure to record a lay. If you intend to nencement.  erty with a construct be submitted to to to yof the Notice of Com	ols, furnaces, boilers, heaters, tank g Permit Clerk, rnippe@cityofapalacoff at City Hall, 1Bay Ave, Apalachicoff at Commencement may respect to the second	hicola.com or ola, FL 32320).  Sult in you paying twice for our lender or attorney BEFORE  a certified copy of the Notice of plication is made for a permit or offidavit attesting to its Building Department BEFORE		
be done by mail, fax, or hand-		performed. Filing of the documer	its that have been certified may		
•	•	nation contained in this application npliance with all applicable laws reg			
Owner	Date	Contractor	Date		
Notary as to Owner  My Commission Expires:	Date	Notary as to Contractor  My Commission Expires:	Date		

Effective: April 22, 2024



City of Apalachicola Building Department 1 Bay Ave., Apalachicola, FL 32320 Phone: 850-653-7592

<u>rnippe@cityofapalachicola.com</u> or <u>buildingdept@cityofapalachicola.com</u>

PERMIT #:	

## **ROOF INSPECTION AFFIDAVIT**

	KOOF INSPECTIO	<u>NAFFIDAVII</u>
JOB SITE ADDRESS	S:	
I,	, licensed as the following:   Eng	ineer   Architect.
	☐ FS 468 Building Inspector	☐ Owner/Builder
Florida License #		
	er and roof to wall connection (if applicable	, I did personally inspect the <u>Roof Deck</u> ress and affirm and certify that the roof deck nailing, e) will be completed in accordance with F.S.553.844 and
Based upon that exam Manual (Based on 553		was done according to the Hurricane Mitigation Retrofit
Under penalties of percorrect.	jury, I declare that I have read the foregoin	ng Inspection Affidavit and that all statements are true and
Signature	Date	
Printed Name:		
		individual certified under 468.F.S. to make such an ne permit number or address clearly shown on the deck
	Fidavit must be on-site at the time of final is on will be failed with a fee.	inspection. If this affidavit is NOT available,

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