

ROOFING PERMIT APPLICATION

Date: _____

Call Back #: _____

Fax Back #: _____

Roofing Permit #: **TBR** _____

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

Improvements with a value less than \$300.00 do not require a Roofing Permit. ANY JOB VALUE GREATER THAN \$5,000.00 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
☐ 31 CHANGE OF USE	☐ 04 QUADRIplex	☐ 17 CHURCH, OTHER RELIGIOUS
	☐ 05 MULTI FAMILY _____ units	☐ 18 INDUSTRIAL
	☐ 06 ROOMING HOUSE _____ units	☐ 19 PARKING GARAGE
	☐ 07 HOTEL, MOTEL _____ units	☐ 20 SERV. STATION, REP GARAGE
	☐ 08 DORMITORY _____ units	☐ 21 HOSPITAL, INSTITUTIONAL
	☐ 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 _____

☐ New 1 & 2 Family Roof # of units _____

☐ 1 Family Detached Reroof

☐ 1 Family Attached & 2 Family Reroof

☐ Commercial Asphalt or Fiberglass Shingles
SQ FT _____

☐ Commercial all Other Roof Types
SQ FT _____

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 Statutes 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 _____

Growth Management Department | Building Inspection Division | Phone: (850)891-7001, option 2 |

Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301