



ROOFING PERMIT APPLICATION

APPLICANT SERVICES
 (850) 891-7125
 FAX: 891-0948
BUILDING INSPECTION
 (850) 891-7050
 FAX: 891-7099

Mailing : 300 South Adams St., B-28
Tallahassee, Florida 32301

www.talgov.com

Location: 435 N Macomb St.
Tallahassee, Florida 32301

Date: _____ Call Back #: _____ Fax Back #: _____

Trust Acct #: _____ Roofing Permit #: **TBR 09-** _____

Building Permit #: **TBB** _____

Improvements with a value less than \$300.00 do not require a Roofing Permit. ANY JOB VALUE GREATER THAN \$2,500.00 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 _____

OWNERSHIP
01 PUBLIC
02 PRIVATE

<input type="checkbox"/> New 1 & 2 Family Roof \$14.00 - # of units _____ If townhouse has attached units > than 4 fee is \$ 41 each <input type="checkbox"/> 1 Family Detached Reroof \$148.00 <input type="checkbox"/> 1 Family Attached & 2 Family Reroof \$54.00	<input type="checkbox"/> Commercial Asphalt or Fiberglass Shingles \$54 appl plus \$0.0135 sq ft. max \$268 SQ FT _____ <input type="checkbox"/> Commercial all Other Roof Types \$54 appl plus \$ 0.020 sq ft. max \$268 SQ FT _____
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A \$2.50 Training Surcharge will be added to each permit issued.

<input type="checkbox"/> SHINGLE <input type="checkbox"/> TILE <input type="checkbox"/> 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 Shingles Manufacturer _____ 2007 Florida Product Approval # FL _____ **RE ROOF UNDERLAYMENT SHALL BE ASTM D 226 TYPE I OR II OR APPROVED SYNTHETIC ** **THE ROOF BEING REROOFED HAS POSITIVE DRAINAGE AS DEFINED IN SECTION 1502.1, FBC-B 2007 <input type="checkbox"/> YES <input type="checkbox"/> NO COT Staff Approval: _____	<p style="text-align: center;">BUILT-UP ROOFS:</p> Type Roof Deck: _____ Base Ply: _____ **THE ROOF BEING REROOFED HAS POSITIVE DRAINAGE AS DEFINED IN SECTION 1502.1, FBC - B 2007 <input type="checkbox"/> YES <input type="checkbox"/> NO 2007 Florida Product Approval # FL _____ COT Staff Approval: _____
<p style="text-align: center;">SINGLE PLY BRAND OR MODIFIED BITUMEN:</p> Brand Name: _____ Manufacturer: _____ 2007 Florida Product Approval # FL _____ **THE ROOF BEING REROOFED HAS POSITIVE DRAINAGE AS DEFINED IN SECTION 1502.1, FBC - B 2007 <input type="checkbox"/> YES <input type="checkbox"/> NO COT Staff Approval: _____	

CONTRACTORS PLEASE READ: Florida Statues 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 _____