

Permit # \_\_\_\_\_

**CITY OF STARKE ROOFING PERMIT APPLICATION**

Job Name: \_\_\_\_\_ Parcel # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Job Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Property Owner Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fee Simple Title Holders Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Bonding Co. Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Mortgage Lender Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Prime Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Contractor's State Certification or Registration No.: \_\_\_\_\_

Contractor's Local Certificate of Competency No.: \_\_\_\_\_

Designer's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

SUB - CONTRACTOR	TBD	CO. LICENSE #	SUB - SIGNATURE
Roofing:			

Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Directions from Building Division: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Code Edition: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Estimated Cost: \$ \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has 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 the jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELL, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and true, and that all work will be done in compliance with all applicable laws regulating construction, contractor licensing and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF REQUIRED, A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOBSITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

\_\_\_\_\_  
(Signature of Owner or Agent) (including contractor)  
STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed) and subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
(name of person making statement)

\_\_\_\_\_  
(Signature of Notary Public – State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
(Signature of Contractor)  
STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed) and subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
(name of person making statement)

\_\_\_\_\_  
(Signature of Notary Public – State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

**Type of Building:**     Site Built                       Mobile Home – HUD                       Residential  
 DCA Modular                       Other: \_\_\_\_\_                       Commercial

**Type of Re-Roof:**     Replacement    \*\*\*Note: Replacement will require deck nailing and a secondary water barrier.  
 Recover                      Number of Existing Layers: \_\_\_\_\_    \*\*\*NOTE: When the existing roof has 2 or more applications of any roof type replacement is mandatory.

**Existing Roof Covering:** \_\_\_\_\_

**Existing Roof Deck:** (material & size) \_\_\_\_\_

**New Underlayment:** \_\_\_\_\_

**Manufacturer:** \_\_\_\_\_

**Product Description:** \_\_\_\_\_

**Florida Product Approval Number/Miami NOA:** \_\_\_\_\_

**OFFICE USE ONLY**

**PLAN REVIEW INFORMATION**

Use Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Wind Zone: \_\_\_\_\_ mph 1 2 3 4 5

Occupant Load: \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Item:	Fee:
Admin Fee / Copies	
DCA/BCAI	
Roofing	

PERMIT FEE: \$ \_\_\_\_\_ [ ] Fee Waived  
ATF 2X FEE: \$ \_\_\_\_\_  
FEE OWED: \$ \_\_\_\_\_ (Collect State Surcharge)  
ADJUSTED FEE: \$ \_\_\_\_\_

TOTAL PERMIT FEE: \$ \_\_\_\_\_

Supervisor / Date

\_\_\_\_\_  
PX  
\_\_\_\_\_  
Date

TOTAL COLLECTED:	<input type="text"/>
Issued By: _____	Date: _____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit Holder Notified: [ ] In Person    [ ] By Phone    [ ] Left Message    [ ] Other \_\_\_\_\_  
Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am    pm

1<sup>st</sup> Attempt: \_\_\_\_\_ 2<sup>nd</sup> Attempt: \_\_\_\_\_ 3<sup>rd</sup> Attempt: \_\_\_\_\_