

DATE:	FEES DUE:	RECEIPT #:	Permit #:
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Planning & Development Services Department

Building & Code Regulation Division

2300 Virginia Avenue

Ft. Pierce, FL 34982-5652

Tel. 772-462-1553

APPLICATION FOR ROOF PERMIT

SEE REVERSE SIDE FOR INSTRUCTIONS

1. Location/Site Address: _____

2. Parcel ID Number: _____

Office Use Only	Section	Township	Range	Map Page	Zoning	Land Use	Initials

3. Description of Project or Work Activity: _____

4. Total Roof Area (square feet): _____ 5. Roof Pitch: _____

6. Type of Roof: Fiberglass Shingle Concrete Roof Tile Wood Shake / Shingle
 Tar & Gravel Modified Bitumen Other _____

Product Approval required for all types of Roofing Material (2 Sets)

All Commercial Roofing requires design by an Engineer or Architect (2 Sets) with Product Approval attached

**** Roof Mitigation per F.S. 553.844 will be required.**

7. Owner Information

8. Contractor Information

Name: _____

FL Reg/Cert #: _____

Address: _____

County Cert #: _____

City: _____ State: _____

Business Name: _____

Zip: _____ Phone: _____

Cell Phone: _____

9. Value of Construction: \$ _____

****Note Dry-in and Final Inspection Required. Additional inspection may be required per Product Approval.**

CONTRACTOR/OWNER'S AFFIDAVIT: I certify that all of the information contained in this application is correct and that all work will be done in compliance with all applicable laws regulating construction and zoning.

PRINT QUALIFIERS/OWNERS NAME

SIGNATURE OF QUALIFIER/OWNER

STATE OF FLORIDA, COUNTY OF _____

ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 20____, BY _____

WHO IS PERSONALLY KNOWN _____ TO ME OR HAS PRODUCED _____ AS IDENTIFICATION

SIGNATURE OF NOTARY

TYPE OR PRINT NAME OF NOTARY

(seal)

COMMISSION NUMBER _____

NOTICE TO OWNER: FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

INSTRUCTIONS

Please complete all information in the space provided. All information must be printed (use black or blue ink only) or typed. This roof permit application is to be used only for those activities that are not otherwise included under a primary building permit. This application may not be used for any activity that includes structural alteration. Building activities involving structural alteration, in addition to the roof work, must be permitted through the regular building permit review process. The information to be provided with this application includes:

- 1. Location/Site Address** Indicate the street address or general location of the property where the building activity is taking place.
- 2. Parcel ID Number** Indicate the tax identification number of the property where the building activity is taking place.
- 3. Description of Project or Work Activity** **Completely** describe the building activity to take place. Please indicate if tear-off or shingle over shingle etc.
- 4. Total Roof Area** Indicate total roof area to be affected by this permit. Also indicate the pitch of the roof, expressed as a standard ratio of run rise.
- 5. Type of Roof** Indicate the type of roof being repaired or resurfaced.
- 6. Owner Information** Indicate the name and address of the owner of the property on which building activity is taking place.
- 7. Contractor Information** Indicate the State of Florida registration number (if applicable), St. Lucie County contractor license number and the name of the business doing the work.
- 8. Value of Construction** Indicate the total value of the work to take place. Total cost of construction includes all material and labor costs associated with the building/construction activity. Construction value is used to determine the permit fee. St. Lucie County reserves the right to question and/or modify the indicated value of construction if it is demonstrated that the submitted figures are not consistent with similar types of construction.

This application can be submitted to St. Lucie County Building and Zoning, 2300 Virginia Avenue, Fort Pierce, FL 34982. All permit applications must be filled out completely before submission. **No applications will be accepted for processing after 4:30 P.M.** For assistance in completing this application, please call (772) 462-1553, during regular office hours (8:00 AM - 5:00 PM), Monday through Friday.

Upon issuance of this permit, required inspections can be scheduled by calling **(772) 462-1261**.



Planning & Development Services
Building & Code Regulation Division
2300 Virginia Avenue
Fort Pierce, FL 34982
772-462-2165 or 772-462-2172
Fax: 772-462-6443

ROOF INSPECTION AFFIDAVIT

Re: Permit # _____

I, _____, licensed as a(n) Contractor*/Engineer/Architect
 (Please print name & circle license type) *FS468 Building Inspector

**General, Building, Residential or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection.*

On or about _____, I did personally inspect the roof deck nailing
 (Date)

work at: _____
 (Job site address)

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

 Signature and Seal

 License #

STATE OF FLORIDA
 COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20____,
 by _____. Who is personally known to me or who has produced
 _____ as identification.

Notary Public, State of Florida
 Signature of Notary: _____
 Commission Number: _____ (Seal)