

Date \_\_\_\_\_

# ROOF – REROOF PERMIT APPLICATION



It is understood that any permit issued on this application will not grant the right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the City of Bushnell's local ordinances, local, state or federal regulations or codes.



PERMIT # \_\_\_\_\_

ALT KEY # \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_  
(Please include street, city, state and zip code)

### OWNER INFORMATION:

PROPERTY OWNER(S) NAME: \_\_\_\_\_ CONTACT #: (\_\_\_\_\_) \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_  
(Please include street, city, state and zip code)

### CONTRACTOR INFORMATION:

LICENSE HOLDER NAME: \_\_\_\_\_ LICENSE # \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT #: (\_\_\_\_\_) \_\_\_\_\_

FAX #: (\_\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
(Please include street, city, state and zip code)

CONTRACTOR OR AUTHORIZED AGENT SIGNATURE: \_\_\_\_\_

*IF SIGNED BY AN AUTHORIZED AGENT, PLEASE PRINT NAME:* \_\_\_\_\_

### CHECK TYPE OF IMPROVEMENT:

NEW ROOF \_\_\_\_\_ ROOF REPAIR \_\_\_\_\_ ROOF COVER REPLACEMENT \_\_\_\_\_

PITCH \_\_\_\_\_:12 # OF SQUARES \_\_\_\_\_ *Circle One:* Shingle Metal Tile Modified Other\*

*NOTE: ROOF PERMIT INCLUDED WITH BUILDING PERMIT APPLICATION ON ALL NEW SINGLE FAMILY HOMES.*

#### \_\_\_\_\_ ROOFING PERMIT – RESIDENTIAL:

Scope of Work \_\_\_\_\_

Job Valuation: \_\_\_\_\_

#### \_\_\_\_\_ ROOFING PERMIT – COMMERCIAL:

Scope of Work \_\_\_\_\_

Job Valuation: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

*Reserved for use by Building Department Staff:*

NOC: Y N N/A DATE ISSUED: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_ TOTAL PERMIT FEE: \$ \_\_\_\_\_



CITY OF BUSHNELL, FLORIDA
BUILDING PERMIT APPLICATION



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 this jurisdiction.

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

ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001-713.37, FLORIDA STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND ARE NOT PAID IN FULL HAVE A RIGHT TO ENFORCE THEIR CLAIM FOR PAYMENT AGAINST YOUR PROPERTY. THIS CLAIM IS KNOWN AS A CONSTRUCTION LIEN.

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

NOTE: The code in effect in this jurisdiction is the Florida Building Codes, 2007 Edition

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

X Signature of Property Owner/Agent Date X Signature of Contractor Date

I HEREBY CERTIFY that on this day, before me an officer duly authorized in the State and County aforesaid to take acknowledgements personally appeared \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification, and did not take an oath. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

Office Use Only: Building Official / Authorized Agent Date Approved Permit No.