



ROOF PERMIT APPLICATION

City of West Melbourne
2240 Minton Road
West Melbourne, FL 32904
321-837-7776—Phone
321-952-9542—Fax

Tax ID# _____
Permit # _____
Entered By: _____
Application Date: _____

Job Name: _____
Address: _____ Zip Code: _____
TWP: ____ RNG: ____ SEC: ____ BLK/PAR: ____ LOT: ____ COUNTY: BREVARD

Owners Name: _____ Phone: _____
Address: _____ Zip Code: _____

Contractor's Firm: _____
Qualifier's Name: _____ License #: _____
Address: _____ Zip Code: _____
Phone #: _____ Fax #: _____ Email: _____

Fee Simple Title Holder: _____ Phone: _____
Address: _____ Zip Code: _____
Bonding Company: _____ Phone: _____
Address: _____ Zip Code: _____
Architect/Engineer: _____ Phone: _____
Address: _____ Zip Code: _____

Permit Information: ____ Residential ____ Commercial
____ Shingle ____ Flat ____ Metal ____ Other _____
Shingle Mfg: _____ # of Squares: _____ Pitch: _____
Total Square Footage: _____ Value of Construction: \$ _____
____ Notice of Commencement, if over \$2500.00 OR ____ Affidavit of Notice of Commencement Filing

Description of Work: _____

City of West Melbourne
SUB-CONTRACTOR INFORMATION:

Construction/Debris Removal: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____
Plumbing: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____
Mechanical: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____
Roofing: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____
Electrical: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2017 Edition. I understand that all permits require inspections as indicated. This permit application is valid for 180 days from date of submission.

I certify that **no** work or installation has commenced prior to the issuance of a permit.

By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

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

 OWNER'S/AGENTS SIGNATURE:
 STATE OF FLORIDA
 COUNTY OF BREVARD
 The foregoing instrument was acknowledged
 Before me this ____ day of _____, 20____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

 Notary as to Owner or Agent
 Seal

 CONTRACTOR'S SIGNATURE:
 STATE OF FLORIDA
 COUNTY OF BREVARD
 The foregoing instrument was acknowledged
 Before me this ____ day of _____, 20____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

 Notary as to Qualifier
 Seal

ROOF NAIL-OFF AFFIDAVIT

Re: Permit Number _____

I, _____, licensed as a ____ Contractor*, ____ Engineer, ____ Architect,

(Please print name and check type of license)

Or F.S. 468 Building Inspector.

License Number: _____

On or about, _____, I did personally inspect the roof deck nailing and

(Date)

(Time)

secondary water barrier work at _____

(Job Address)

Based upon the examination, I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on F.S. 53.8440).

Contractor/Engineer/Architect/Building Inspector

STATE OF FLORIDA

COUNTY OF BREVARD

Sworn to and subscribed before me on this _____ day of _____, 20_____.

By _____

(Print, type of stamp name)

Notary Public, State of Florida

Commission Number: _____

Personally known ____ or Produced Identification ____

Type of Identification Produced _____

*General Building, Residential or Roofing Contractor or any individual certified under F.S. 468 to make such an inspection. Include photographs of each plane of the roof with the permit number or address number clearly shown marked on the deck for each inspection.