

ROOF PERMIT APPLICATION



City of West Melbourne
2240 Minton Rd
West Melbourne, FL 32904
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(321) 952-9542 Fax
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FOR OFFICE USE ONLY

Tax ID# \_\_\_\_\_

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

Entered by: \_\_\_\_\_

Application Date: \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor's Firm: \_\_\_\_\_ Qualifier's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Permit Type: [ ] Residential [ ] Commercial Total Area of Construction: \_\_\_\_\_ SF

[ ] Shingle \_\_\_\_\_ Number of Squares \_\_\_\_\_ Pitch

[ ] Metal \_\_\_\_\_ Number of Squares \_\_\_\_\_ Pitch

[ ] Flat \_\_\_\_\_ Number of Squares \_\_\_\_\_ Pitch

[ ] Other: \_\_\_\_\_ Number of Squares \_\_\_\_\_ Existing Roof Has Solar Yes [ ] No [ ]

Value of Construction \$ \_\_\_\_\_

[ ] Notice of Commencement, if over \$5,000.00

Debris Removal: [ ] Self-haul OR [ ] Dumpster Rental\*\*\*

\*\*\*You must complete the sub-contractor information section at the top of page 2 if you are renting a dumpster.\*\*\*

Fee Simple Title Holder: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bonding Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SUB-CONTRACTOR INFORMATION:

Construction/Debris Removal: _____	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 2023 – 8th 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.**

\_\_\_\_\_

PROPERTY OWNER SIGNATURE  
STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_  
who is personally known to me, or has produced  
\_\_\_\_\_  
as identification.

\_\_\_\_\_  
Notary Signature as to Property Owner

\_\_\_\_\_

QUALIFIER'S SIGNATURE  
STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_  
who is personally known to me, or has produced  
\_\_\_\_\_  
as identification.

\_\_\_\_\_  
Notary Signature as to Qualifier