



Orange County Division of Building Safety

201 South Rosalind Avenue

Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687

Phone: 407-836-5550 • Fax 407-836-5492 • Inspections ONLY: 407-836-2825

www.ocfl.net/building

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Permit Number

APPLICATION FOR ROOF 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."

PLEASE PRINT:

The undersigned hereby applies for a permit to make roof installations as indicated below on property.

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

Suite/Unit #: \_\_\_\_\_ Bldg #: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Parcel ID Number: Section \_\_\_\_ Township \_\_\_\_ Range \_\_\_\_ Subdivision \_\_\_\_ Block \_\_\_\_ Lot \_\_\_\_  
(15 Digit Parcel Number)

Owner Name: \_\_\_\_\_ Phone No.: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Class of Building: Existing \_\_ New \_\_ Type of Structure: Residential (028) \_\_ Commercial (029) \_\_ Mobile Home (006) \_\_

Scope of Work: New (001) \_\_ Re-Roof (005) \_\_ Addition (004) \_\_ Repair (002) \_\_

Date First Inspection Desired: \_\_\_\_/\_\_\_\_/\_\_\_\_ or will call \_\_

Permit valuation greater than \$2500 requires a notarized Page 2, and Notice of Commencement prior to the first inspection.

Please complete the information below:

Nature of Work (Check one)

- New  Re-roof  Re-covering

Roof Square Footage \_\_\_\_\_

Number of Stories \_\_\_\_\_

Type Covering (Check one)

- Asphalt Shingles  Built-up  Metal  Wood Shingles/Shake
- Modified Bitumen  Other \_\_\_\_\_
- Tile MFG \_\_\_\_\_

NTRMA/FRSA System (Check one)

- One  Two  Three  Four (a)  Four (b)

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Job Valuation: \$ \_\_\_\_\_

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations and County Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances. I hereby certify that the above is true and correct to the best of my knowledge.

PLEASE PRINT: (Check one) Owner:  Contractor:

Name of License Holder/Agent: \_\_\_\_\_

Contractor License Number (if applicable): \_\_\_\_\_

Contact Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued.

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.

Permit Number

## Permit Application Information - Page Two

Permit Number \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Fee Simple Titleholder's Name (If other than owner's) \_\_\_\_\_

Fee Simple Titleholder's Address (If other than owner's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contractor's Name \_\_\_\_\_

Contractor's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Name \_\_\_\_\_

Job Address \_\_\_\_\_ SUITE/UNIT \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bonding Company Name \_\_\_\_\_

Bonding Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Architect/Engineer's Name \_\_\_\_\_

Architect/Engineer's Address \_\_\_\_\_

Mortgage Lender's Name \_\_\_\_\_

Mortgage Lender's Address \_\_\_\_\_

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. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, GAS, MECHANICAL, ROOFING, SIGNS, POOLS, ETC.

**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 regulating construction and zoning. \_\_\_\_\_

**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 Signature \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_ / \_\_\_ / \_\_\_ by \_\_\_\_\_ who is personally known to me and who produced \_\_\_\_\_ as identification and who did not take an oath.

**Notary as to Owner** \_\_\_\_\_

Commission No. \_\_\_\_\_

State of FL. County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

(SEAL)

Contractor Signature \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_ / \_\_\_ / \_\_\_ by \_\_\_\_\_ who is personally known to me and who produced \_\_\_\_\_ as identification and who did not take an oath.

**Notary as to Contractor** \_\_\_\_\_

Commission No. \_\_\_\_\_

State of FL. County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

(SEAL)

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