

ROOF PERMIT APPLICATION

 11 North Third Street, Jacksonville Beach, FL 32250
 permits@jaxbchfl.net | www.jacksonvillebeach.org/building
FBC 8TH EDITION (2023)

APPL# _____

LOCATION	Job Address _____	OWNER OF RECORD	Name _____
	Parcel ID No. _____		Address _____
	Tenant Name _____		City _____ State _____
	Lot/Block _____		Zip _____ Phone _____
	Subdivision _____		E-Mail _____
SCOPE OF WORK	Total Value of Work (including materials, and labor) \$ _____		
	Alternative Plan Review and/or Inspection Services (separate form required)		
	EXISTING USE OF BUILDING	EXISTING ROOF DATA	TYPE OF WORK
		Covering: _____ Slope: _____ Framing: _____ Roof Mounted Equipment to be reinstalled: _____ Skylights to be replaced: _____	
	NEW ROOF DATA		FL PRODUCT APPROVAL NO.
	Roof 1 Covering: _____		
	Roof 1 Underlayment: _____		
	Roof 1 Slope: _____ Number of Squares: _____		
	Roof 2 Covering: _____		
	Roof 2 Underlayment: _____		
Roof 2 Slope: _____ Number of Squares: _____			
CONTRACTOR OF RECORD	ADDITIONAL DESCRIPTION		

CONTRACTOR OF RECORD	Company Name _____		DBA Name _____
	Qualifier Primary Name _____		License Number _____
	License Location _____		
	Mailing Address _____		
	Phone _____ E-Mail _____		
CONTRACTOR OF RECORD	Inspection Contact E-Mail _____		

OWNER'S AFFIDAVIT and ELECTRONIC SUBMISSION STATEMENT: Application is hereby made to obtain a permit to do the work as indicated above and I certify that no work has commenced and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction, whether specified herein or not. I understand that additional permits are required to reinstall certain roof mounted systems and for **Building, Electrical, Plumbing, Pools, Mechanical, Driveway, Green Energy, etc.** and additional approvals may be required from other entities. Issuance of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local laws. Unless owner builder exemption is elected, I certify the contracting firm listed is authorized to obtain a building permit for the work described herein.

ROOF IN-PROGRESS AFFIDAVIT: I certify all materials installed will match the product(s) listed above and the roof deck sheathing, nailing, dry-in, underlayment and/or flashings at the above referenced address will be installed in accordance with all applicable codes and standards set forth in the Florida Building Code and/or Florida Statutes 553.844, Windstorm Loss Mitigation for Roofing. A legible copy of each manufacturer's installation instructions will be posted on-site for the inspector.

ROOF OVER INSPECTION AFFIDAVIT: I certify that if a roof over is elected, an inspection was performed to verify the existing roof covering conforms to the provisions of FBC 1511.3 to recover it without first removing all existing layers down to the roof deck.

In lieu of signed, sworn and notarized signatures of the property owner, agent and/or contractor and under penalty of perjury, I declare that I have read and examined this application and all of the foregoing information is true and correct. Payment of required permit fees will make this application valid and binding to the same force and effect as handwritten signatures and that I may be required to provide traditional signatures at a later date.

WARNING TO OWNER: FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. SAID RECORDED NOTICE MUST BE POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. CONSULT WITH YOUR LENDER OR AN ATTORNEY IF YOU INTEND TO OBTAIN FINANCING.

 Print Name

 Date