



**APPLICATION FOR ROOFING PERMIT**

CITY OF OLDSMAR- PLANNING & REDEVELOPMENT  
100 STATE STEET WEST, OLDSMAR, FL 34677-3655  
PHONE: (813) 749-1124 FAX: (813) 855-2730

PERMIT NO. \_\_\_\_\_

PERMIT FEES DUE: \$ \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_

DATE: \_\_\_\_\_

Review Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_ Total Amount Rec'd \_\_\_\_\_ Credit Card Authorization \_\_\_\_\_

**FLORIDA BUILDING AND ACCESSIBILITY CODE, 6th EDITION (2017) APPLIES**

**Inspections called in before 3:30 PM will be performed the following business day.**

**Automated inspection line 813-749-1171**

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

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

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

Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor's State Registration No. \_\_\_\_\_ PCCLB No. \_\_\_\_\_

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

Job Description: \_\_\_\_\_

Area of improvement: \_\_\_\_\_ sq. ft. Valuation: \_\_\_\_\_

Legal: Sec. \_\_\_\_ Township \_\_\_\_, Range \_\_\_\_, Subdivision \_\_\_\_\_ Blk. \_\_\_\_\_ Lot \_\_\_\_\_ 1<sup>st</sup> Floor Elev \_\_\_\_\_

Bonding Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Architect/Engineer's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

# of Squares _____	Roof Slope _____	Mfg Spec# _____	Type of Roof: Pitch Flat (Check One)
Built-Up 3 Piles: _____	Type of Roof Deck: _____	Shingle Type: _____	
Weight Per Sq: _____	Weather Exposure: _____	Title: _____	Type: _____ Underlayment: _____
Flashings: _____	Type: _____	Gauge: _____	Single Ply: _____ Type: _____ Gauge: _____

**ROOFING MUST BE SECURED WITH SIX (6) NAILS PER SHINGLE**

LOOSE LAID BALLASTED ROOF PERMITTED ONLY UPON RECEIPT OF REGISTERED ENGINEER CERTIFICATION THAT IT MEETS REQUIREMENTS OF FLORIDA BUILDING CODE CHAPTER 15. ALL ROOF COVERINGS NOT COVERED IN ROOFING CODE SHALL HAVE BUILDING DEPARTMENT APPROVAL PRIOR TO INSTALLATION. NOTICE OF COMMENCEMENT REQUIRED FOR CONTRACTORS ON JOBS OVER \$2500.

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 WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, KITCHEN HOODS, FIRE SPRINKLERS, ALARM SYSTEMS, AND SHEDS, ETC.

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

**OWNER'S ELECTRONIC SUBMISSION STATEMENT:** Under penalty of perjury, I declare that all the information contained in this roofing permit application is true and correct.

Building Permit Applications shall be submitted on paper and **PDF format / CD**, for review and contain all the items listed in the Residential or Commercial Application Packet. The construction permit fee is based on a \$40.00 Base Fee, plus an additional \$4.00 per thousand of valuation or fraction thereof.

Application is valid for 180 days. Permit is extended for 6 months after each successful inspection. Permit expires after 1 year. Permit fee is non-refundable.

**Contractors must maintain, State License, PCCLB License, General Liability and Workman's Compensation Insurance.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_  
**Owner / Authorized Agent / Contractor** (circle one)

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

APPLICATION APPROVED BY: \_\_\_\_\_  
 Permit Specialist / Building Official DATE

PROPERTY ADDRESS: \_\_\_\_\_

## PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ [www.floridabuilding.org](http://www.floridabuilding.org)

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
<b>1. EXTERIOR DOORS</b>			
<b>A. SWINGING</b>			
<b>B. SLIDING</b>			
<b>C. SECTIONAL</b>			
<b>D. ROLL UP</b>			
<b>E. AUTOMATIC</b>			
<b>F. OTHER</b>			
<b>2. WINDOWS</b>			
<b>A. SINGLE HUNG</b>			
<b>B. HORIZONTAL SLIDER</b>			
<b>C. CASEMENT</b>			
<b>D. DOUBLE HUNG</b>			
<b>E. FIXED</b>			
<b>F. AWNING</b>			
<b>G. PASS THROUGH</b>			
<b>H. PROJECTED</b>			
<b>I. MULLION</b>			
<b>J. WIND BREAKER</b>			
<b>K. DUAL ACTION</b>			
<b>L. OTHER</b>			
<b>3. ROOFING PRODUCTS</b>			
<b>A. ASPHALT SHINGLES</b>			
<b>B. UNDERLAYMENTS</b>			
<b>C. ROOFING FASTENERS</b>			
<b>D. NON-STRUCTURAL METAL ROOFING</b>			
<b>E. WOOD SHINGLES/SHAKES</b>			
<b>F. ROOFING TILES</b>			
<b>G. ROOFING INSULATION</b>			
<b>H. WATERPROOFING</b>			
<b>I. BUILT UP ROOFING ROOF SYSTEMS</b>			
<b>J. MODIFIED BITUMEN</b>			
<b>K. SINGLE PLY ROOF SYSTEMS</b>			
<b>L. ROOFING SLATE</b>			
<b>M. CEMENTS-ADHESIVES-COATINGS</b>			
<b>N. LIQUID APPLIED ROOF SYSTEMS</b>			
<b>O. ROOF TILE ADHESIVE</b>			
<b>P. SPRAY APPLIED POLYURETHANE ROOF</b>			
<b>Q. OTHER</b>			

<b>Category/Subcategory</b>	<b>Manufacturer</b>	<b>Product Description</b>	<b>Approval Number (s)</b>
<b>4. PANEL WALL</b>			
<b>A. SIDING</b>			
<b>B. SOFFITS</b>			
<b>C. EIFS</b>			
<b>D. STOREFRONTS</b>			
<b>E. CURTAIN WALLS</b>			
<b>F. WALL LOUVER</b>			
<b>G. GLASS BLOCK</b>			
<b>H. MEMBRANE</b>			
<b>I. GREENHOUSE</b>			
<b>J. OTHER</b>			
<b>5. SHUTTERS</b>			
<b>A. ACCORDION</b>			
<b>B. BAHAMA</b>			
<b>C. STORM PANELS</b>			
<b>D. COLONIAL</b>			
<b>E. ROLL-UP</b>			
<b>F. EQUIPMENT</b>			
<b>G. OTHER</b>			
<b>6. SKYLIGHTS</b>			
<b>A. SKYLIGHT</b>			
<b>B. OTHER</b>			
<b>7. STRUCTURAL COMPONENTS</b>			
<b>A. WOOD CONNECTORS/ANCHORS</b>			
<b>B. TRUSS PLATES</b>			
<b>C. ENGINEERED LUMBER</b>			
<b>D. RAILING</b>			
<b>E. COOLERS-FREEZERS</b>			
<b>F. CONCRETE</b>			
<b>G. MATERIAL</b>			
<b>H. INSULATION FORMS</b>			
<b>I. PLASTICS</b>			
<b>J. DECK-ROOF</b>			
<b>K. WALL</b>			
<b>L. SHEDS</b>			
<b>M. OTHER</b>			
<b>8. NEW EXTERIOR ENVELOPE PRODUCTS</b>			
<b>A.</b>			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

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APPLICANT SIGNATURE

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DATE

**City of Oldsmar-Planning & Redevelopment Department**  
**Attachment to Roofing Permit**

RE: Permit # \_\_\_\_\_

**Inspection Affidavit**

I \_\_\_\_\_, Licensed as a(n) Contractor\* /Engineer/Architect,  
(Please print name and circle Lic. Type) FS 468 Building Inspector\*

License #: \_\_\_\_\_

On or about \_\_\_\_\_, I did personally inspect the *roof*  
(Date & time)

*deck nailing and/or secondary water barrier* work at \_\_\_\_\_,  
(Job Site Address)

Based upon that examination I have determined the installation was done according to the  
Hurricane Mitigation Retrofit Manuel (Based on 553.844 F.S.)

\_\_\_\_\_  
Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By \_\_\_\_\_.

Notary Public, State of Florida

\_\_\_\_\_  
(Print, type or stamp name)

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

Personally known \_\_\_\_\_ or

Produced Identification \_\_\_\_\_

Type of identification produced. \_\_\_\_\_

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