

City of Altamonte Springs
Building/Fire Safety Division
 225 Newburyport Avenue
 Altamonte Springs, FL 32701

Roofing Permit Application

Phone: 407-571-8433
 Fax: 407-571-8445

DATE: _____

Project Name: _____
 Project Address: _____

Phone: _____

Contractor Name: _____
 Contractor Address: _____
 License #: _____

Phone: _____

•CHECK ALL THAT APPLY•

Class of Roof:	New construction <input type="checkbox"/>	Tear off existing & replace <input type="checkbox"/>	Roof over existing roof <input type="checkbox"/>
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Slope of Roof:	Less than 2 : 12 <input type="checkbox"/>	2 : 12 to 4 : 12 <input type="checkbox"/>	Other <input type="checkbox"/>
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Type of Roof:	Fiberglass shingles <input type="checkbox"/>	Wood Shingles or shake <input type="checkbox"/>	Other <input type="checkbox"/>
	Tile <input type="checkbox"/>	Smooth surfaces built-up <input type="checkbox"/>	EDPM or PVC single ply <input type="checkbox"/>
	Modified bitumen <input type="checkbox"/>	Built up with aggregate <input type="checkbox"/>	Metal <input type="checkbox"/>

Method of Fastening:	Nail (#p/shingle _____) <input type="checkbox"/>	Screws <input type="checkbox"/>	Torch – down <input type="checkbox"/>
	Hot Mop <input type="checkbox"/>	Cold Adhesive <input type="checkbox"/>	Other _____ <input type="checkbox"/>

Ventilation:	Turbines – qty. _____ <input type="checkbox"/>	Off-ridge vent – qty./ft _____ <input type="checkbox"/>	Powered vent – qty. _____ <input type="checkbox"/>
	Continuous ridge vent <input type="checkbox"/>		Other _____ <input type="checkbox"/>

Chimney	Repair existing <input type="checkbox"/>	Replace w/step flashing <input type="checkbox"/>	Copper <input type="checkbox"/>
Flashing	Aluminum <input type="checkbox"/>	Galvanized <input type="checkbox"/>	Other _____ <input type="checkbox"/>

Eave Drip:	Aluminum <input type="checkbox"/>	Galvanized <input type="checkbox"/>	Copper <input type="checkbox"/>
	Paint finish <input type="checkbox"/>		Other <input type="checkbox"/>

Plumbing Stack Covers:	Replace w/ new <input type="checkbox"/>	Leave existing <input type="checkbox"/>	Other _____ <input type="checkbox"/>
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Valley Treatments:	New Galvanized <input type="checkbox"/>	New Aluminum <input type="checkbox"/>	Other <input type="checkbox"/>
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PLEASE NOTE:

•In-progress Dry In inspections are required on pitched roofs•

Replacement of more than 100 sq ft of decking requires separate building permit issued to a Florida State Licensed Contractor

- Any roof with a slope less than 2 : 12 cannot have asphalt shingles applied per Building Code
- Any roof with a slope of 2 : 12 to 4 : 12 requires double underlayment per Building Code
 - A roofover cannot be installed over an existing roofover

DESCRIPTION OF ANY OTHER WORK: _____

VALUATION OF WORK (copy of contract required): \$ _____

Copy of recorded Notice of Commencement required for jobs over \$2,500

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PLEASE READ AND SIGN BELOW

Application is hereby made to obtain a permit to do work and installations as indicated. (State law requires construction to be done by licensed contractors. Exemptions to that law may apply. Refer to Homeowner/ Contractor Disclosure Statement). 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 all ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc.

NOTE: A notarized Letter of Authorization must be submitted if anyone other than license holder is to pick up permit.

NOTE: Any commercial or residential building undergoing a change of use of the property will require a site plan review and approval by the Development Review Committee prior to issuance of a Building Permit. (LDC 4.1.2., 4.2.1.)

Agencies that enforce building codes are required when issuing building permits, to provide a declaration stating that additional permits may be required from other governmental entities, such as Water Management Districts, State Agencies or Federal Agencies as required by State and Federal law.

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 RECORDING YOUR *NOTICE OF COMMENCEMENT*.

OWNERS 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.

Owner / Agent (Please print)

Contractor (Please print)

Owner / Agent (Signature)

Owner / Agent (Signature)

Date

Date