

CITY OF PAHOKEE

BUILDING & PLANNING * 207 BEGONIA DRIVE* PAHOKEE FL, 33476* PH 561-924-5534* FAX 561-924-8140



ROOFING PERMIT APPLICATION

ROOFING PERMIT #	PRIMARY PERMIT #	DATE
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LOCATION OF PROPOSED IMPROVEMENT						OWNER OF PROPERTY				
ADDRESS						NAME				
FLOOR/BAY/SUITE						ADDRESS				
SUBDIVISION						CITY		ST	ZIP	
LOT			BLOCK			HOME # ()		CELL # ()		
48						WORK # ()		FAX # ()		

CONTRACTOR INFORMATION									
COMPANY NAME					QUALIFIER			LICENSE #	
ADDRESS				CITY			ST	ZIP	
WORK # ()				CELL # ()			FAX # ()		

<input type="checkbox"/> COMMERCIAL								<input type="checkbox"/> RESIDENTIAL 1 OR 2				<input type="checkbox"/> RESIDENTIAL 3 OR MORE			
CHURCH	INDUST	OFFICE	SCHOOL	REST	HOSP	STORE	OTHER	SF	APTS	CONDO	MOBILE	DUPLEX	GARAGE	OTHER	

CLASS OF ROOF	TYPE OF ROOF	METHOD OF FASTENING	SLOPE OF ROOF
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ASPHALT/FIBERGLASS SHINGLES	<input type="checkbox"/> NAIL # SHINGLES _____	<input type="checkbox"/> 1 7/8:12 OR LESS
<input type="checkbox"/> TEAR OFF EXISTING/ REPLACE	<input type="checkbox"/> WOOD SHINGLE OR SHAKE	<input type="checkbox"/> TORCH	<input type="checkbox"/> 2:12 --- 4:12
	<input type="checkbox"/> TILE	<input type="checkbox"/> HOT MOP	<input type="checkbox"/> 4:12 OR GREATER
	<input type="checkbox"/> BUILT UP ROOF	<input type="checkbox"/> COLD ADHESIVE	
	<input type="checkbox"/> SINGLE MEMBRANE	<input type="checkbox"/> OTHER	
	<input type="checkbox"/> METAL	_____	
	<input type="checkbox"/> OTHER _____		NUMBER OF SQUARES _____

PRODUCT APPROVAL SPECIFICATION SHEET IS ATTACHED
(TO BE SUBMITTED BEFORE PERMIT IS ISSUED)

TOTAL COST OF PROJECT \$

FEDERAL AND STATE REGULATIONS STRICTLY REGULATE THE REMOVAL AND DISPOSAL OF ASBESTOS AND ASBESTOS CONTAINING PRODUCTS ON/OR WITHIN BUILDINGS AND STRUCTURES. THIS INCLUDES ALL ROOF COVERINGS, SIDINGS, INSULATION OR OTHER BUILDING COMPONENTS WHICH INCLUDE ASBESTOS. THE FOLLOWING REQUIREMENTS ARE FROM FLORIDA STATUTES, CHAPTER 455: REMOVAL, ENCAPSULATION, OR ENCLOSURE OF ASBESTOS MATERIALS MAY ONLY BE PERFORMED BY LICENSED ASBESTOS ABATEMENT CONTRACTORS (WITH LIMITED EXCEPTIONS FOR SMALL SCALE SHORT DURATION ACTIVITIES). PREPARATION OF PLANS FOR SUCH WORK MUST BE MADE BY A LICENSED ASBESTOS CONSULTANT. IF ALTERATIONS TO A BUILDING'S STRUCTURAL, ELECTRICAL, MECHANICAL, OR OTHER SYSTEM OR COMPONENTS ARE BEING MADE, THEN SUCH PLANS SHALL ALSO BE SEALED BY A REGISTERED ARCHITECT OR ENGINEER. CERTIFIED ROOFING CONTRACTORS WHO HAVE MET THE REQUIREMENTS OF CHAPTER 455.302(2)D FLORIDA STATUTES, MAY REMOVE ASBESTOS CONTAINING BITUMINOUS RESINOUS ROOFING MATERIALS. TYPICALLY, THIS REFERS TO A ROOF WHERE ASBESTOS CONTAINING FELTS WERE USED IN THE ROOFING PLYS, ASBESTOS TILE ROOFS ARE NOT INCLUDED IN THIS EXCEPTION.

CHAPTER 553.79 (11) FLORIDA STATUTES REQUIRE THE FOLLOWING NOTIFICATION STATEMENT TO BE READ WHEN PROJECTS INVOLVE THE DEMOLITION OR RENOVATION OF AN EXISTING STRUCTURE: "OWNERS OR OPERATORS DEMOLISHING OR RENOVATING STRUCTURES MUST COMPLY WITH THE PROVISIONS OF FLORIDA STATUTES 455.302 AND NOTIFY THE DEPARTMENT OF ENVIRONMENTAL REGULATION AND THEIR INTENTIONS TO REMOVE ASBESTOS. WHEN APPLICABLE, IN ACCORDANCE WITH THE STATE AND FEDERAL LAW." THE UNDERSIGNED APPLICANT FOR A PERMIT FOR REROOFING, DEMOLITION OR RENOVATION OF A STRUCTURE HEREBY STATES THAT THEY HAVE READ THE ABOVE INFORMATION AND SHALL COMPLY WITH SUCH REGULATIONS THAT WILL SUBJECT THEM TO THE PENALTIES PRESCRIBED BY FEDERAL AND STATE LAWS AND REVOCATION OF ANY PERMIT(S) ISSUED FOR THIS PROJECT.

THE FOLLOWING INFORMATION AND NOTARIZATION OF OWNER/AGENT AND CONTRACTOR SIGNATURE IS REQUIRED IF THE TOTAL COST OF ALL IMPROVEMENTS(AND NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMITS) IS \$2500 OR MORE, PLEASE ADDRESS FOLLOWING INFORMATION.

FEE SIMPLE TITLEHOLDER’S			MORTAGAGE COMPANY		
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
BONDING COMPANY			DESIGNER		
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

WARNING TO OWNER: YOU MUST RECORD A NOTICE OF COMMENCEMENT (AKA MECHANIC LIEN LAW) AND YOUR FAILURE TO DO SO 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)	
APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO WORK AND INSTALLATIONS AS INDICATED ABOVE, AND ON THE ATTACHED ADDENDUM (ID APPLICABLE). I CERTIFY THAT ALL THE WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGULATING CONSTRUCTION IN THIS JURISDICTION. I UNDERSTAND THAT THE SEPARATE PERMITS ARE REQUIRED FOR STRUCTURAL, ELECTRICAL, PLUMBING, SIGNS, ROOFING, MECHANICAL, AND INSULATION WORK.	
“NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTION APPLICABLE TO THIS PROEPRTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY, AND THERE BE ADDITIONAL PERMITS REQUIRED FORM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.”	
OWNER AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL THE WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING THE CONSTRUCTION AND ZONING. FUTHERMORE, I AUTHORIZE THE ABOVE NAMED CONTRACTOR TO DO THE WORK.	
OWNER/AGENT SIGNATURE _____	CONTRACTOR SIGNATURE _____
OWNER/AGENT PRINT _____ NOTARY IF \$2,500. OR MORE	CONTRACTOR PRINT _____ NOTARY IF \$2,500. OR MORE
STATE OF FLORIDA PALM BEACH COUNTY	STATE OF FLORIDA PALM BEACH COUNTY
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____	THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____
BY _____	BY _____
WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____	WHO IS PERONSALLY KNOWN TO ME OR WHO HAS PRODUCED _____
_____ AS IDENTIFICATION	_____ AS IDENTIFICATION
_____ SEAL	_____ SEAL
(SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT)	(SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT)
_____	_____
(NAME OF OFFICER TAKING ACKNOWLEDGEMENT TYPED, PRINTED, OR STAMPED)	(NAME OF OFFICER TAKING ACKNOWLEDGEMENT TYPED, PRINTED, OR STAMPED)
_____	_____
(RANK OR TITLE)	(RANK OR TITLE)
_____	_____
(SERIAL NUMBER, IF ANY)	(SERIAL NUMBER, IF ANY)

REVIEWS REQUIRED	INITIAL	DATE	STATUS
BUILDING DIVISION			
ZONING			
ENGINEERING			
FIRE RESCUE			
PUBLIC WORKS			
WATER / SEWAGE			
OTHER _____			

PERMIT FEE	SURCHARGES	IMPACT FEE
EDUCATION FEE	PLAN REVIEW FEE	TOTAL