

INDIAN RIVER SHORES BUILDING DEPARTMENT

ROOFING PERMIT APPLICATION

RESIDENTIAL
Single Family Attached
Single Family Detached
COMMERCIAL**
Flat Roof
Other

NEW** RE-ROOF** REPAIR***

JOB ADDRESS:

Owner Address (if different than job address:

Owner: Phone:

Contractor: Phone: Email:

Contractor FAX: Contractor License Number:

Engineer: Phone: Email:

Contract value: \$ Value of Structure: \$ Year Built:

TOTAL ROOF SQ. FT REPAIR SQ. FT

PERCENTAGE of TOTAL ROOF AREA being repaired % (cannot exceed 25% of TOTAL roof area)

Shingles Metal** Tile** Roof over Flat** Other

Roof Slope: EXISTING roof covering NEW roof covering

*Value: show proof of insured value of residential structure or a copy of the ad-valorem tax value.
**Commercial Roofs: require a roof plan stating components and cladding pressures, location and size for zones 1, 2 and 3 prepared by a Florida Licensed Engineer.
***Repairs: Provide a roof plan showing the location of the repair and the % of the repair area to total roof area.

NOTE: Per the Florida Efficiency Code, any re-roof permit where the sheathing or insulation is exposed and the value of the re-roof exceeds 30 % of the value of the structure will require the roof covering R value to meet or exceed R38 for commercial roofs or provide an energy code calculation

All Site Built Single Family Residential Re-Roofs regardless of value shall comply with the following:
Re-fastening: All sheathing / decking shall be fastened in accordance with the 2014 Florida Existing Building Code. Any roof sheathing with existing nails spaced greater than 6" o.c. requires additional nails to create a minimum of 6" o.c. nail spacing.

FOR RESIDENTIAL JOBS: Indicate below which method is to be used to satisfy the secondary water barrier requirements:

- The entire roof deck shall be covered with an approved self-adhering polymer modified bitumen sheet. No additional underlayment shall be required on top of this sheet for new installations.
An asphalt impregnated 30# felt underlayment installed with 1 inch round plastic cap or metal cap nails attached to a nailable deck in a grid pattern of 12 inches staggered between overlaps with 6 " spacing at the overlaps. Synthetic underlayment shall be fastened in accordance to manufacturer's specifications

FOR OFFICE USE ONLY:

Double Fee Cash Check #

\$ Permit Fee Minimum Permit Fee: \$75.00

\$ State Surcharge (3% or \$4.00 minimum, whichever is greater)

\$ TOTAL

INDIAN RIVER SHORES BUILDING DEPARTMENT

Applicant's Affirmation

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, insurance, and worker's compensation. Properties on which earth spills or other debris falls shall be cleaned immediately. All streets, sidewalks, and curbs damaged due to this construction shall be repaired to the satisfaction of the engineering department prior to the issuance of certificate of completion. In applying for this permit I hereby attest that I have the knowledge and understanding of all that is required by the Florida building code and all laws and regulations pertaining to performing and completing this type of work.

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. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner: _____

Signature of Owner or Agent: _____

{To sign as an Agent for the Owner you must have a Florida Form Power of Attorney signed by the Owner and Notarized with two additional witnesses other than the Notary}

Date: _____

And / Or (subpermit only)

Contractor: _____

Signature of Contractor: _____

Date: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me

By _____

who is personally known or has produced identification.

Type or identification produced: _____.

Notary's Name, Typed, Printed or Stamped _____

Official Signature of Notary Public _____

Notary Seal: