Application for Roofing Permit
Highlands County, Florida

Owner_____ Roofing Contractor_____

Address_____ Address _____

City_____ City_____

Phone_____ Phone_____

Legal Description Of Property:

Strap: C-____-____-____-_____-_____-_____ Map#_____ Subdiv#_____ Lot _____ Block _____

Address:_____ Legal Desc_____ Minimum Lot Area _____

Unit/Sec_____ Property Zoned_____ Minimum Living Area_____ Approved_____ Disapproved_____

_____
Zoning Director

I. **New Construction**_____ Repairs: _____ Roof Over (Mobile Home only): _____ Remove Roofing & Replace: _____

Value of Work [Contract Price] $_____

Permit Fee $_____
Certificate of Completion $_____
State Surcharge $_____
Total: $_____

II. **Type Of Roof Covering**

1. Flat-Build Up_____ 2. Wood Shingles/Shakes _____ 3. Asphalt/Fiberglass Shingles _____ 4. Tile_____

5. Slate_____ 6. Other _____ 7. Sheathing Solid_____ Spaced_____

III. **Pitch of Roof** _____**/12** Number of Squares_____ Underlayment_____

Size of Fastenings-Nails_____ Staples_____

IV. **Flashing:**

Valley_____ Rakes_____ Copings_____ Eaves Drip_____ Gravel Stop_____

V. **Is Removal of Any Hazardous Materials A Part Of This Project?** _____

I hereby certify that I understand all the items listed above are part of the conditions of the permit. Minor repairs may be performed but all structural repairs shall be performed by a Contractor licensed for the work involved.

The inspections shall following requirements listed in the Florida Building Code.
1. Sheathing
2. Dry-In
3. FInal

_____ _____
Signature Of Owner Or Roofer **Date**

_____ _____
State# **County#**

I do hereby certify that any work subcontracted on this job, Permit#_____ are duly certified and licensed contractors, and hold a Certificate Of Competency Card in Highlands County.

Revised 10-1-10

_____
Contractor or Owner