



**APPLICATION FOR ROOFING PERMIT**

**FRANKLIN COUNTY BUILDING DEPARTMENT**

34 Forbes Street, Suite 1, Apalachicola, Florida 32320

Phone: 850-653-9783 Fax: 850-653-9799

[http://www.franklincountyflorida.com/planning\\_building.aspx](http://www.franklincountyflorida.com/planning_building.aspx)

PERMIT # \_\_\_\_\_

FEE: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**NOTE TO APPLICANTS AND PERMIT HOLDERS:**

**VIOLATIONS OF THE TERMS AND CONDITIONS OF THIS PERMIT MAY WARRANT A STOP WORK ORDER OR REVOCATION OF THIS PERMIT. THIS PERMIT IS VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE. CONSTRUCTION MUST COMMENCE WITHIN SIX MONTHS OF THIS DATE.**

**APPLICATION MUST BE COMPLETE:** (We will no longer accept incomplete applications)

Property Owner/s: \_\_\_\_\_

Contact Information: Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Contractor Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Contact Information: Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_

State License #: \_\_\_\_\_ County Registration #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

**PROPERTY DESCRIPTION:** 911 Address: \_\_\_\_\_

Lot/s: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Unit: \_\_\_\_\_

Parcel Identification #: \_\_\_\_\_

**JURISDICTION:**  Franklin County  City of Carrabelle

Apalachicola  Eastpoint  St. George Island  Carrabelle  Dog Island  Lanark/ St. James  St. Teresa  Alligator Point

**DESCRIPTION OF DEVELOPMENT:** \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ CONTRACT COST: \_\_\_\_\_

**ROOF MATERIAL & PRODUCT APPROVAL CODES:** \_\_\_\_\_

**FLOOD ZONE INFORMATION:** EFFECTIVE DATE: February 5, 2014

**PANEL NUMBER:** \_\_\_\_\_ **FIRM ZONE/S:** \_\_\_\_\_

**ELEVATION REQUIREMENTS AS PER SURVEY:** \_\_\_\_\_

Requires V-Zone Certification  Requires Elevation Certificates  Requires Smart Vents  Requires Breakaway Walls

\_\_\_\_\_  
BUILDING OFFICIAL                      DATE                      FLOODPLAIN ADMIN.                      DATE                      OWNER/CONTRACTOR                      DATE

**ROOFING APPLICATION CHECKLIST**

- \_\_\_\_\_ ROOFING PERMIT APPLICATION
- \_\_\_\_\_ SIGNED CONTRACT FOR CONTRACT PRICE
- \_\_\_\_\_ ROOF INSPECTION AFFIDAVIT
- \_\_\_\_\_ PRODUCT APPROVAL DOCUMENTATION FOR ALL PRODUCTS USED
- \_\_\_\_\_ RECORDED NOTICE OF COMMENCEMENT



**ROOF INSPECTION AFFIDAVIT**

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**PERMIT**

# \_\_\_\_\_

**ROOF INSPECTION AFFIDAVIT**

I, \_\_\_\_\_, licensed as the following:  Engineer  Architect  FS 468 Building Inspector  
(Please Print and Mark License Type)

Florida License # \_\_\_\_\_

On or about Date: \_\_\_\_\_ Time: \_\_\_\_\_, I did personally inspect the Roof Deck Railing and/or Secondary Water Barrier located at the following address:

JOB SITE: \_\_\_\_\_

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

\_\_\_\_\_  
Signature Date

STATE OF FLORIDA  
COUNTY OF FRANKLIN

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
By \_\_\_\_\_, who is personally known to me or produced this type of \_\_\_\_\_ as identification.

NOTARY:

SEAL:

\_\_\_\_\_  
Signature:

Printed Name: \_\_\_\_\_

**\*\* 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 number or address clearly shown on the deck for each inspection.**

**NOTICE OF COMMENCEMENT**

<b>Space Reserved For Recording:</b>	
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**PERMIT #** \_\_\_\_\_ **PARCEL ID #** \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF FRANKLIN**

The **UNDERSIGNED** hereby gives notice that improvements will be made to certain real property, an in accordance with Chapter 713, Florida Statutes, the following information is provided in the Notice of Commencement.

**LEGAL DESCRIPTION OF PROPERTY:** (Include Street Address)

\_\_\_\_\_

\_\_\_\_\_

**General Description of Improvements:** \_\_\_\_\_

**Owner Information or Lessee Information Contracted For The Improvements:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**Owner's Interest In Site Of The Improvement:** \_\_\_\_\_

**Name & Address Of Fee Simple Titleholder:** \_\_\_\_\_

(If Different From Owner Listed Above): \_\_\_\_\_

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

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

**Surety: (If Applicable, A Copy Of The Payment Bond Is Attached):** \_\_\_\_\_

**Name & Address:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

**Lender Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**PERSONS WITH IN THE STATE OF FLORIDA DESIGNATED BY THE OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED FOR BY FLORIDA STATUTE 713.13(1) (A) 7.**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES THE FOLLOWING PERSON(S) TO RECEIVE A COPY OF THE LEINOR'S NOTICE AS PROVIDED IN SECTION 713.13 (1)(B) FLORIDA STATUTES:**

\_\_\_\_\_

**EXPIRATION DATE OF NOTICE OF COMMENCEMENT (THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DAT OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED.)** \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOBSITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**NOTARY SEAL:**

**Owner/Agent Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ In the year of 20 \_\_\_\_\_

**Notary Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_