



SANTA ROSA COUNTY DEVELOPMENT SERVICES

6051 Old Bagdad Highway, Suite 202 | Milton, Florida 32583

ROOFING PERMIT CHECKLIST

1. **BUILDING PERMIT APPLICATION.** A current Building Permit Application form is to be completed and submitted for all construction projects. Please use the appropriate form.
2. **PLANS.**
 - a. All commercial roofing projects require prior approval from Plan Review.
 - b. For residential or commercial projects which will use any roofing product other than standard asphalt shingles requires a Florida Product Approval Number. This can be obtained either from the merchant or from www.floridabuilding.org.
3. **NOTICE OF COMMENCEMENT.** The recorded Notice of Commencement is required if the project's cost of construction is \$2,500 or more. Blank forms are located at Building Inspection Department for your convenience. The form is to be completed, notarized, and recorded with the Clerk of Court located at the Court House. The recorded copy of the Notice of Commencement is to be submitted to the Building Inspections Department before any inspections will be made and a copy must be posted on the job site.

For a roof to be recovered opposed to being replaced, the following criteria must be met:

R907.3 Recovering versus Replacement.

New roof coverings shall not be installed without first removing all existing layers of roof coverings where any of the following conditions occur:

1. Where the existing roof or roof covering is water soaked or has deteriorated to the point that the existing roof or roof covering is not adequate as a base for additional roofing.
2. Where the existing roof covering is wood shingle or shake, slate, clay, cement or asbestos-cement tile.
3. Where the existing roof has two or more applications of any type of roof covering.
4. When blisters exist in any roofing, unless blisters are cut or scraped open and remaining materials secured down before applying additional roofing.
5. Where the existing roof is to be used for attachment for a new roof system and compliance with the securement provisions of Section R905 cannot be met.

Exceptions:

1. Complete and separate roofing systems, such as standing-seam metal roof systems, that are designed to transmit the roof loads directly to the building's structural system and that do not rely on existing roofs and roof coverings for support, shall not require the removal of existing roof coverings.
2. Reserved.
3. The application of new protective coating over existing spray polyurethane foam roofing systems shall be permitted without tear off of existing roof coverings.
4. Reserved.
5. Roof Coating. Application of elastomeric and/or maintenance coating systems over existing asphalt shingles shall be in accordance with the shingle manufacturer's approved installation instructions.



Residential/Commercial ROOF Permit Application

1. PROPERTY OWNER INFORMATION	4. PROJECT INFORMATION	
Name:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
Address:	<input type="checkbox"/> NEW Roof (NEW CONSTRUCTION ONLY)	
City:	<input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Other _____	
State: Zip:	Cost of Construction: \$	
Phone #:	Number of Squares:	
	Building Roof Pitch:	
	Florida Product Approval #:	
2. PROPOSED IMPROVEMENT LOCATION		
<input type="checkbox"/> SAME AS PROPERTY OWNER INFORMATION	<input type="checkbox"/> REPLACEMENT of Roof Covering (TEAR OFF/RE-ROOF)	
Physical Address:	<input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Other _____	
City: Zip:	Cost of Construction: \$	
Subdivision:	Number of Squares:	
Parcel ID #: _____	Building Roof Pitch:	
	UNDERLAYMENT Manufacturer & FL Product Approval Code:	
	ROOF MATERIAL Manufacturer & FL Product Approval Code:	
3. CONTRACTOR INFORMATION		
<input type="checkbox"/> If Owner/Builder please see owner/builder disclosure	Month and Year House Constructed:	
Applicant:	BUILDING Value or Insured BUILDING Value:	
Contractor State Registration #:		
Company Name:		
	<input type="checkbox"/> RECOVERING Existing Roof (ROOF OVER)	
Mailing Address:	(Must meet criteria described in 511.3 FEBC)	
	<input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Other _____	
City:	Cost of Construction: \$	
State: Zip:	Number of Squares:	
Phone #	Building Roof Pitch:	
	Florida Product Approval #:	
	NOTE: Per Florida Statute 489.105, "The scope of work of a roofing contractor also includes skylights and any related work, required roof-deck attachments, and any repair or replacement of wood roof sheathing or fascia as needed during roof repair or replacement and any related work."	
	Extensive or complete replacement of roof decking will require a separate building permit.	
<p>In order to process this permit in a timely manner please complete the entire form and submit all required documentation as listed on this application. Any required plans must accompany this application and be approved by PLAN REVIEW prior to permit issuance.</p>		

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE 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.

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 in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

Time limitation of application: An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the day of filing, unless such application has been pursued in good faith or a permit has been issued.; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extensions shall be requested in writing and justifiable cause demonstrated.

Time limitation of the Permit: Every permit issued shall become invalid unless the work authorized by such permit is commenced within six (6) months after its issuance or if the work authorized by such permit is suspended or abandoned for a period of six (6) months after the time the work is commenced. Work shall be considered to be in active progress when the permit has received an **approved** inspection within 180 days.

Condition of Permit: As a condition to the issuance of this permit the **applicant** hereby promises in good faith that they will deliver “**Florida’s Construction Lien Law Protect Yourself and Your Investment**” fact sheet to the person who has the right, title and interest in the real property that is subject to this building permit.

Agent/Contractor’s Signature

Date

Roofing Inspection Affidavit

Building Permit Number: _____

Address: _____

I, _____, licensed as a general, building or residential contractor, roofing contractor, engineer, architect or building code inspector licensed under F.S. 468, my license # _____, hereby certify that on _____, _____, 20_____, I did personally inspect the roof deck nailing and secondary water barrier work at: _____.

Contractor's Signature

General, Building, Residential or Roofing Contractor, or any individual certified under F.S. 468 to make such inspections.

The original notarized affidavit must be submitted to the Santa Rosa County Development Services Department prior to final inspection. The inspection cannot be passed until the affidavit is received.

The affidavit can be brought to the office, e-mailed to (srcpermits@santarosa.fl.gov), faxed to (850) 623-1208, or left at the job site.

STATE OF FLORIDA
COUNTY OF SANTA ROSA

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____ ()who is personally known OR ()who produced _____ as identification.

Signature of Public-State of Florida Notary

Name of Notary Typed, Printed, or Stamped