

ROOF PERMIT APPLICATION



City of West Melbourne
2240 Minton Rd
West Melbourne, FL 32904
(321) 837-7776 Phone
(321) 952-9542 Fax
buildingpermits@westmelbourne.gov

FOR OFFICE USE ONLY

Tax ID# _____
Permit # _____
Entered by: _____
Application Date: _____

Complete in BLUE or BLACK ink

Job Name: _____ Address: _____

Owner's Name: _____ Phone: _____

Address: _____ Zip Code: _____

Contractor's Firm: _____ Qualifier's Name: _____

Address: _____ City: _____ Zip Code: _____

License #: _____ Phone #: _____ Email: _____

Description of Work: _____

Permit Type: [] Residential [] Commercial Total Area of Construction: _____ SF

[] Shingle _____ Number of Squares _____ Pitch

[] Metal _____ Number of Squares _____ Pitch

[] Flat _____ Number of Squares _____ Pitch

[] Other: _____ Number of Squares _____ Existing Roof Has Solar Yes No

Value of Construction \$ _____

[] Notice of Commencement, if over \$2500.00

Debris Removal: [] Self-haul OR [] Dumpster Rental***

You must complete the sub-contractor information section at the top of page 2 if you are renting a dumpster.

Fee Simple Title Holder: _____ Phone: _____

Address: _____ Zip Code: _____

Bonding Company: _____ Phone: _____

Address: _____ Zip Code: _____

Architect/Engineer: _____ Phone: _____

Address: _____ Zip Code: _____

SUB-CONTRACTOR INFORMATION:

Construction/Debris Removal: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Signature: _____

Roofing: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Signature: _____

Electrical: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Signature: _____

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2020 Edition. I understand that all permits require inspections as indicated. **This permit application is valid for 180 days from date of submission.**

I certify that **no** work or installation has commenced prior to the issuance of a permit. By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

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 RECORDING YOUR NOTICE OF COMMENCEMENT.

PROPERTY OWNER SIGNATURE
STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20____ by

_____ who is personally known to me, or has produced

_____ as identification.

Notary Signature as to Property Owner

QUALIFIER'S SIGNATURE
STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20____ by

_____ who is personally known to me, or has produced

_____ as identification.

Notary Signature as to Qualifier