TOWN OF INDIAN SHORES, FLORIDA
19305 Gulf Blvd., Indian Shores, FL 33785
(727) 517-3940, FAX: (727) 595-2352

ROOF PERMIT APPLICATION

1. Job Address	2. Project Name
3. Total Valuation $	4. Parcel No.
5. Owner Mail Address Zip Phone	
6. Contractor/**DBA** Mail Address Zip Phone Lic.#	
7. Architect or Designer Mail Address Zip Phone Lic.#	
8. Engineer Mail Address Zip Phone Lic.#	
9. Present Use of Building(s)	10. Substantial Improvement Yes __ No __ Just valuation of existing building $ _____
11. Check One: ___ New ___ Addition ___ Alteration ___ Repair ___Other:	
12. Description of Work: **(AS OF 10/1/07 15% OF STRUCTURAL UPDATES MUST BE PERFORMED ON ALL ROOF REPAIRS)**	

13. **READ AND SIGN BELOW**

PERMIT WILL BECOME NULL AND VOID IF AUTHORIZED WORK IS NOT COMMENCED ON OR BEFORE EXPIRATION DATE OF APPROVAL. ONCE STARTED, CONSTRUCTION WORK MUST BE CONTINUOUS. IF WORK IS SUSPENDED OR ABANDONED FOR A CONTINUOUS PERIOD OF 30 DAYS, OR FOR AN AGGREGATE TOTAL OF 45 WORKING DAYS, THIS PERMIT WILL BE NULL AND VOID. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF THIS PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE THEREOF.

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 standard of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING and MECHANICAL WORK associated with this permit.

OWNERS'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.

_____ Signature of License Holder Date _____ Printed Name of License Holder	_____ Signature of Owner Date (if owner doing work)

The SIGNATURE OF LICENSE HOLDER/OWNER was acknowledged before me this _____ day of _____, 20 __, by _____ who is personally know to me or who produced_____ as identification.

_____ _____
Notary Signature **Date**
Notary Seal