SFHA (SPECIAL FLOOD HAZARD AREA) TOWN OF INDIAN SHORES **FBC - Building**

19305 Gulf Blvd. Indian Shores, FL 33785
Office: 727-517-3940 Fax: 727-595-2352

5th Edition 2014

ROOFING PERMIT APPLICATION

1. Job Address	2. Project Name			
3. Total Valuation:	4. Parcel #			
5. Owner	Mail Address	Zip	Phone	
6. Contractor and Company Name	Mail Address	Zip	Phone	License#
7. Architect/Designer	Mail Address	Zip	Phone	License#
8. Engineer	Mail Address	Zip	Phone	License#
9. Present use of building (s)				
10. Substantial Improvement Yes_____ No_____ Just valuation of existing building $_____				
11. Check one: New___ Addition___ Alteration___ Repair___ Remodel___ Other___				
12. Description of work:				

READ AND SIGN BELOW

A permit issued shall be construed to be a license to proceed with the work and not as authority to violate, cancel, alter or set aside any of the provisions of the technical codes, nor shall issuance of a permit prevent the building official from thereafter requiring a correction of errors in plans, construction or violations of this code. Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of six months after the work is commenced. Work shall be considered to be in active progress when the permit had received and approved inspection within 180 days.

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. By signing below I acknowledge receipt of Town permit regulations; NPDES; and EPA asbestos-lead notifications per state statutes and agree to abide by all requirements of the same.

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, PLUMBING and MECHANICAL work associated with this permit.

Owner'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.

In accordance with 713.135, Florida Statutes: 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 OR Signature of Owner (if owner doing work) Date

_____

Printed name of License holder Date OR Printed name of Owner (if owner doing work) Date

This SIGNATURE OF THE LICENSE HOLDER OR OWNER was acknowledged before me this _____day of _____, 20____, by _____ who is personally known to me or who produced _____ as identification.

_____

Notary Signature Date Notary Seal