



CITY OF APOPKA
APPLICATION FOR BUILDING PERMIT
 407-703-1713 Phone -- 407-703-1791 Fax -- 407-703-1815 Automated Inspection Line

ROOF PERMIT APPLICATION

Date:		Parcel ID #:		Building Permit #:	
Description of Work:					Cost: \$
Materials (Brand/Manufacturer's Name):					
Permit Address:					
Legal Description Lot:				Subdivision:	
Type: (Circle one)		Single Family Residence	Duplex	Triplex	Townhome
Building Permit Fee:	\$	Plan Analysis & Inspection(s) Fee:	\$	Administrative Processing Fee:	\$
Radon Surcharge:	\$	Records Retention Fee:	\$	TOTAL PERMIT FEE:	\$
Owner Name:					
Street Address:					
City:			State:		Zip:
Phone:		Fax:		E-mail:	
Contractor/Company Name:					
Street Address:					
City:			State:		Zip:
Phone:		Fax:		E-mail:	

Not more than 25 percent (25%) of the total roof area or roof section of any existing building or structure shall be repaired, replaced, or recovered in any 12-month period unless the entire roofing system or roof section conforms to requirements of the current Florida Building Code.

License holder's signature must be notarized if application is submitted by mail. Applications submitted by persons other than the license holder MUST be accompanied by a notarized letter from the license holder giving that person authorization to pull a permit for the job noted on the application.

Signature of Owner if Owner/Builder

License No. _____

Signature of Contractor or Agent

Plans Review by:	Date:
------------------	-------

State of _____
 County of _____
 Sworn to and subscribed before me
 This _____ day of _____, 20__.

Notary Public

Commission Expires: _____

Official Use: Sub-Permit Number