

Town of Callahan

Information and Application for Re-Roof Permit

As of October 1, 2007

The undersigned here applies for a permit for re-roof under 2001 edition of the
FLORIDA BUILDING CODE

ESTIMATED COST _____

ADDRESS _____ LOT _____ BLOCK _____

SUBDIVISION _____ PIN# _____

OWNER _____ PHONE # _____

CONTRACTOR _____ PHONE # _____

CONTRACTOR LICENSE # _____

ASSESSED OR APPRAISED VALUE OF STRUCTURE \$ _____

IS THE STRUCTURE LOCATED: EAST _____ WEST _____ OF 95?

{PLEASE NOTE: SINGLE FAMILY HOMES BUILT AFTER MARCH 1, 2002, ROOF OVERS –
1 TIME MAXIMUM. CONDOS, TOWNHOMES, DUPLEXES AND
DETACHED GARAGES ARE EXEMPT FROM HURRICAN MITIGATION
REQUIREMENTS}

- **When project is located West of Interstate 95:** Roof deck attachments and fasteners must be strengthened or corrected and a secondary water barrier must be installed regardless of house value.
- **When project is located East of Interstate 95 with a valuation less than \$300,000:** Roof deck attachments and fasteners must be strengthened or corrected and a secondary water barrier must be installed.
- **When project is located East of Interstate 95 with a valuation of \$300,000 or more:** Roof deck attachments and fasteners must be strengthened or corrected and a secondary water barrier must be installed. In addition, roof to wall connections must be enhanced by up to 15% of the additional cost.

I (Contractor or Owner/Builder) _____ understand the requirements of Florida Statute 553.844 which pertains to Hurricane Damage Mitigation for re-roofs and will comply with these requirements. I certify that the above referenced project will comply with these requirements. If the home requires retrofitting, I have assessed the 15% additional cost. By signing below I also certify that I have received a copy of the Hurricane Mitigation re-roof handout pertaining to the structure.

Contractor or Owner/Builder Signature: _____ **Date:** _____

NAME: _____

ADDRESS: _____

PERMIT NO: _____

NOTICE OF COMMENCEMENT

State of _____

County of _____

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

ALL INFORMATION MUST BE TYPED/PRINTED LEGIBLY TO COMPLY WITH RECORDING REQUIREMENTS.

1. Description of property: (Legal description of property, and street address if available)
2. General description of improvement.
3. Owner Information:
 - a. Name and address:
 - b. Interest in property:
 - c. Name and address of fee simple titleholder (if other than owner):
4. Contractor:
 - a. Name and address:
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable):
5. Surety:
 - a. Name and address:
 - b. Amount of bond \$ _____
 - c. Phone number:
 - d. Fax number (optional, if service by fax is acceptable):
6. Lender:
 - a. Name and address:
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable):
7. Persons with the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes?
 - a. Name and address:
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable):
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
 - a. Name and address:
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable):
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): _____

Sworn to and subscribed before me by _____ who is personally known to me or produced _____ as identification, and who did _____ take an oath, this _____ day of _____, 20 _____

Signature of Owner

Owner's Name

Signature of Notary

Printed Name

Owner's Address

Commission No./Expiration

Seal: _____

OWNER PERMISSION

To:
Building Department

Date _____

FROM: _____
Owner

_____ Phone#

Address

City, State, Zip

This is to advise you that I hereby give permission to:

Name

_____ Phone#

Address

City, State, Zip

who is my agent/contractor, to perform the following on my behalf:

Signature

STATE OF FLORIDA
COUNTY OF _____

Subscribed and sworn before me this _____ day of _____, 20_____,
by _____, who is/are personally known to me or who has/have
produced _____ as identification.

Notary

Commission

NOTICE: A recorded Notice of Commencement must also accompany this application.