

TOWN OF CALLAHAN
Information and Application for Re-Roof Permit

The undersigned hereby applies for a permit for re-roof under 2013 edition of the
FLORIDA BUILDING CODE.

NAME _____

ADDRESS _____

LOT: _____ BLOCK: _____ SUBDIVISION _____

OWNER _____ PHONE# _____

CONTRACTOR _____ PHONE # _____

CONTRACTOR LICENSE # _____

VALUATION \$ _____ FL APPROVAL # _____

SQUARE FOOTAGE: _____

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

{PLEASE NOTE: SINGLE FAMILY HOMES BUILT AFTER MARCH, 1 2002, ROOF OVERS -1 TIME41. CONDOS, TOWNHOMES, DUPLEXES AND DETACHED GARAGES ARE EXEMPT FROM HURRICANE 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 an-cl 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 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

Signature of Notary

Owner's Name

Printed Name

Owner's Address

Commission No./Expiration

OWNER PERMISSION:

TO: BUILDING DEPARTMENT Date _____

FROM: _____ PHONE# _____
OWNER _____
ADDRESS _____
CITY, STATE, ZIP _____

THIS IS HEREBY TO ADVISE THE TOWN OF CALLAHAN, BUILDING DEPARTMENT, THAT I HEREBY GIVE PERMISSION TO:

AGENT / CONTRACTOR

ADDRESS

CITY, STATE, ZIP

PHONE #

WHO IS MY AGENT / CONTRACTOR TO PERFORM THE FOLLOWING SCOPE OF WORK ON MY BEHALF:

SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

Subscribed and sworn before me this _____ day of _____, 2012,
By _____, who is/ are personally known to me or who has / have produced
_____ as identification.

NOTARY

COMMISSION EXPIRES

NOTICE: A RECORDED NOTICE OF COMMENCEMENT MUST ALSO ACCOMPANY THIS APPLICATION.