

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 Notary

Printed Name

Commission No./Expiration

Signature of Owner

Owner's Name

Owner's Address

OWNER PERMISSION:

TO: BUILDING DEPARTMENT Date _____

FROM: _____
OWNER PHONE# _____

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.



TOWN OF CALLAHAN

Post Office Box 5016 Callahan, Florida 32011

Chartered 1911

ROOFING CONTRACTOR INSPECTION AFFIDAVIT

I, _____, the Contractor/Qualifier do affirm and certify the roofing system installed under permit number _____ and located at _____

_____ was installed under my supervision; and the roofing system is in compliance with Chapter 9 of the Florida Building Code - Residential, Chapter 6, Section 611 of the Florida Building Code - Existing Building, and the appropriate Product Approval under Rule 9N-3. The roofing system as installed is described in the following sections:

Roof Permit Type (Check all that apply)

- Replacement Roofing
- Recovering
- Repair / Maintenance

Roofing Category Scope of Roofing Work (Check / Complete all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Asphalt Shingles
<input type="checkbox"/> Mechanically Fastened Tile
<input type="checkbox"/> Metal Panels / Shingles
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Flat Roof (membrane, built-up, etc.)
<input type="checkbox"/> Mortar / Adhesive Set Tile
<input type="checkbox"/> Wood Shingles / Shakes
<input type="checkbox"/> Other: _____ |
|---|--|

Flat Roof Area ($\leq 2''/12''$): _____ s.f. Low Slope Roof Area ($> 2''$ to $4''/12''$): _____ s.f.

Steep Slope Roof Area ($\geq 4''/12''$): _____ s.f. **Total Roof Area Under This Permit:** _____ s.f.

Roof Sheathing Evaluation

Was the roof sheathing evaluated for insufficient connections or any deterioration? _____

Did any of the roof sheathing need replacement? _____ Approx. square footage: _____

What type of material was used to replace the deficient roof sheathing? _____

Has the roof sheathing been fastened to Code? _____ Type of fastener: _____

What is the fastener spacing? Field: _____ Perimeter: _____

Has the embedment of the sheathing fasteners been verified? _____

Roof Underlayment / Roof Covering Information

Underlayment

Type of underlayment / secondary water barrier installed: _____

Lapping of head joints & side joints provided in inches: _____

Fastener spacing for underlayment product (if applicable): Field: _____ Perimeter: _____ Laps: _____

Drip edge materials, size, gauge, fastener type & spacing: _____

Valley materials, size, gauge, fastener type & spacing: _____

Other installed flashing material, size, gauge, fastener type & spacing: _____

Ridge vent material, fastener type, spacing & strapping: _____

Roof Covering

Roof Covering Type: _____ Roof Covering Product Approval #: _____

Roof Covering Manufacturer: _____

Roof Covering Attachment Method: _____ Fastener Type & Quantity: _____

This affidavit must be kept with the permit documents for the Building Inspector to review at every INSPECTION.

I affirm and certify the information provided in this affidavit is true and correct. The work was completed under my supervision and complies with the applicable sections of the Florida Building Code.

Contractor / Qualifier Signature

Date

State of Florida
County of Nassau

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or _____ who has produced _____ (name of person) _____ (type of Identification) as identification.

Notary Signature

(Seal)