

**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)

Asphalt Shingles

Mechanically Fastened Tile

Metal Panels / Shingles

Other: \_\_\_\_\_

Flat Roof (membrane, built-up, etc.)

Mortar / Adhesive Set Tile

Wood Shingles / Shakes

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? \_\_\_\_\_

