RESIDENTIAL ONLY RE-ROOF APPLICATION



Date:

Submit application to digitalpermits@orlando.gov

For efficient processing, please reference "New Permit" in the Subject Line *Required Fields

		Date.
	*Job Site Address or Parcel ID #:	
— PROPERTY —	*Digital Applicant/Primary Contact:	*Phone:
	*Email:	
	*Job/Project Name:	
	*Property Owner Name:	
	Property Owner Email:	
	*Address:	
	Business Owner Name:	
	Address:	DI.
L		
CONTRACTOR ¬	Name:	
	Address:	
	Email:	
	Company Name:	
ö	Company Address:	
-		
LS-		
PROFESSIONAL	Architect/Engineer's Name:	Phone:
	Bonding Company Name & Address:	
	Fee Simple Titleholder's Name & Address (if other than owner):	
	Mortgage Lender's Name & Address:	
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Г	*Include description of re-roof type:	
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WORK		
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	Related to Code Enforcement Action? Yes No	Estimated construction cost \$

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the City of Orlando. I understand that a separate permit must be secured for MECHANICAL, ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER

YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. IF THE ESTIMATED COST OF THIS JOB IS GREATER THAN \$2,500 A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE FILED WITH PERMITTING SERVICES PRIOR TO SCHEDULING YOUR FIRST INSPECTION.

If you are not the owner of the property being permitted, you must, by law (FS 713.135 (c)) promise to inform the fee simple titleholder that the property in question is being subjected to possible liens and/or attachment.

Property Address:	Phone:	
Permit #:		
*Property Owner Signature	Date:	
Print Name	(Owner)	
STATE OF FLORIDA, COUNTY OF		
The foregoing instrument was acknowledged before me by means of physical presence or online notarization this		
, a Florida, on behalf of the c		
Notary Public Signature		
Print Name:	My Commission Expires:	-
*Contractor Signature Print Name		
STATE OF FLORIDA, COUNTY OF		
The foregoing instrument was acknowledged before me by mea		- Florida
, day or, 202 , on behalf of the company, who is personally	22, byas,	
of identification) as identification.	known to me of has produced	(type
Notary Public Signature		
Print Name:	My Commission Expires:	
CERTIFICATE OF COMPETENCY HOLDER		
Contractor's State Certification or Registration No		
Contractor's Certificate of Competency No.		

OWNER'S ELECTRONIC SUBMISSION STATEMENT:

Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

For plan review status, inspection scheduling/results and other permitting information, visit online at orlando.gov/permits, or please call "PROMPT", our Interactive Voice Response system at 407.246.4444.

ECONOMIC DEVELOPMENT • PERMITTING SERVICES

400 South Orange Avenue • First Floor PO Box 4990 • Orlando, FL 32802-4990

P 407.246.2271 • F 407.246.3420 • Orlando.gov/permits



Scope of Work Re-Roofing

Complete and submit with your application. Permit #: _____ Job Address:_____ Re-roof Type: Replacement - remove existing and replace Re-cover - new roof over existing Note: If damaged decking replacement is required, an inspection is required. Special Notes: Number of Stories: Single-story Two or more stories Skylights: Yes No Type of Roof & Florida Product Approval numbers: FL #: Smooth Surfaced Built-up Coating only Built-up with Aggregate Underlayment Fiberglass Shingle FL #: _____ Metal - Direct Attachment Wood Shingle or Shake FL #: _____ Metal with Purlins **Modified Bitumen** EDPM - Hypalon or PVC one ply FL #: _____ Other Less than 2:12* 2:12 - 4:12** 4:12 or greater Slope of Roof: *No shingle application allowed **Multi-layered underlayment required Off-ridge vent qty _____ Powered vent qty____ Ventilation: Ridge vent length _____ Other/Unvented: ___ Flashing: Use existing Replace all flashing Repair existing flashing Replace w/L-flashing Replace with step flashing Repair existing drip edge Drip Edge: Use existing Replace all drip edge Use existing valley New metal New mineral surface Valley Treatment:

Note: The following information is required on site for final inspection:

- 1. This scope of work form with the signed and notarized roofing affidavit.
- 2. Florida product approval installation instructions or site-specific engineering for all products used on the job. Please ensure exact manufacture products match application in field.
- 3. All submitted permit documentation on site and visible from the street.

Note: Two inspections required for this permit: Exterior dry in in-progress, Final Inspection Code 600
Inspection Code 125