CITY OF TALLAHASSEE
GROWTH MANAGEMENT

IAS ACCREDITED

ROOFING PERMIT APPLICATION

APPLICANT SERVICES
(850) 891-7125
FAX: 891-0948
BUILDING INSPECTION
(850) 891-7050
FAX: 891-7099

Mailing : 300 South Adams St., B-28
Tallahassee, Florida 32301

www.talgov.com

Location: 435 N Macomb St.
Tallahassee, Florida 32301

Date: _____ **Call Back #:**_____ **Fax Back #:** _____

Trust Acct #: _____ **Roofing Permit #: TBR** _____

Building Permit #: TBB_____

Improvements with a value less than $300.00 do not require a Roofing Permit. ANY JOB VALUE GREATER THAN $2,500.00 THAT IS NOT ASSOCIATED WITH A BLDG PERMIT **WILL REQUIRE A NOTICE OF COMMENCEMENT** BEFORE FIRST INSPECTION.

Roofing Contractor:_____ **License #:**_____

Job Address: _____ **Cost of Imp: $**_____

Owner: _____ **Parcel ID #:** _____

TYPE OF IMPROVEMENT		CLASS OF BUILDING (Proposed Use)			
01	NEW BUILDING	01 ONE FAMILY	09 WAREHOUSE	24	PUBLIC UTILITY
02	ADDITION	02 TWO FAMILY	15 BUSINESS	25	SCHOOL, LIBRARY, EDUCATION
03	ALTERATION / REPAIR	03 TRIPLEX	16 AMUSEMENT, RECREATIONAL	26	STORES, MERCANTILE
31	CHANGE OF USE	04 QUADRIPLEX	17 CHURCH, OTHER RELIGIOUS	28	DAY CARE
		05 MULTI FAMILY _____units	18 INDUSTRIAL	30	MULTI - USE
		06 ROOMING HOUSE _____units	19 PARKING GARAGE	32	COMM ACCESSORY STRUCTURE
		07 HOTEL, MOTEL _____units	20 SERV. STATION, REP GARAGE	37	RESTAURANTS
		08 DORMITORY ____units	21 HOSPITAL, INSTITUTIONAL	___	OTHER SPECIFY _____
		12 SINGLE FAMILY ATTACHED	22 OFFICE, PROFESSIONAL		

☐ New 1 & 2 Family Roof $14.00 - # of units_____
If townhouse has attached units > than 4 fee is $ 41 each

☐ 1 Family Detached Reroof $148.00

☒ 1 Family Attached & 2 Family Reroof $54.00

☐ Commercial Asphalt or Fiberglass Shingles
$54 appl plus $0.0135 sq ft. max $268 **SQ FT**_____

☐ Commercial all Other Roof Types
$54 appl plus $ 0.020 sq ft. max $268 **SQ FT** _____

3% State Surcharge or a minimum $4.00 and a $2.50 Training Surcharge will be added to each permit issued.

☐ **SHINGLE** ☐ **TILE** ☐ **METAL ROOF**

Roof Slope: _____" in 12"

SLOPES LESS THAN 4" in 12" SHALL BE APPROVED BY CODES REVIEW STAFF BEFORE PERMIT ISSUANCE

Roof Decking Material:_____

Underlayment Material _____

Asphalt Shingles: comply w/ASTM D 225 or ASTM D 3462

Manufacturer _____

2010 Florida Product Approval # FL _____

*****RE ROOF UNDERLAYMENT SHALL BE ASTM D 226 TYPE I OR II OR APPROVED SYNTHETIC *****

*****THE ROOF BEING REROOFED HAS POSITIVE DRAINAGE AS DEFINED IN SECTION 1502.1, FBC-B 2010*** ☐ ***YES*** ☐ ***NO***

COT Staff Approval:_____

BUILT-UP ROOFS:

Type Roof Deck:_____

Base Ply:_____

*****THE ROOF BEING REROOFED HAS POSITIVE DRAINAGE AS DEFINED IN SECTION 1502.1, FBC - B 2010*** ☐ ***YES*** ☐ ***NO***

2010 Florida Product Approval # FL _____

COT Staff Approval:_____

SINGLE PLY BRAND OR MODIFIED BITUMEN:

Brand Name:_____

Manufacturer:_____

2010 Florida Product Approval # FL _____

*****THE ROOF BEING REROOFED HAS POSITIVE DRAINAGE AS DEFINED IN SECTION 1502.1, FBC - B 2010*** ☐ ***YES*** ☐ ***NO***

COT Staff Approval:_____

CONTRACTORS PLEASE READ: Florida Statues 489-113(3)(b) indicates that: 'A general, building, or residential contractor shall not be required to subcontract the installation of wood shingles, wood shakes, asphalt or fiberglass shingle roofs on a new building of his own construction. The contractor obtaining this roof permit shall use his/hers own employees (personnel presently on the payroll). Florida Statutes: 489.113(3)(g) indicates that: 'No general, building or residential contractor certified after 1973 shall act as, hold himself out to be, or advertise himself to be a roofing contractor unless he is certified or registered as a roofing contractor.' Last certified contractor # that is permitted to pull roofing permit is 0007837.

_____/_____ _____

SIGNATURE of the Licensee OR Authorized Agent PRINT NAME Date