



BUILDING PERMIT APPLICATION

Building Mechanical Electrical Plumbing Gas
Job Description and Detail

Job Name: _____ **Job Cost:** _____

Square Footage of Construction or Renovated Area: _____

Job Address: _____

Job City: _____ **County:** _____

Description of work: _____

Legal Description: _____

Alternate Key: _____ **Or see attached Record:** _____

For Residential – No. of Bedrooms: _____ **Proposed Occupancy:** _____

Historic District Property: _____

Contractor's Name/Company: _____

Contractor's Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Fax #:** _____

Email: _____

Contractor's State License No. _____

Contractor's Lake County Certificate of Competency No. _____

Property Owner's Name: _____

Phone #: _____ **Email:** _____

Owner's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Bonding Company Name: _____

Bonding Company Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Fee Simple Titleholder's Name (If different from owner): _____

Fee Simple Titleholder's Address (If different from owner): _____

City: _____ **State:** _____ **Zip Code:** _____

Architect/Engineer's Name: _____

Architect/Engineer's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Fax #:** _____

Mortgage Lender's Name: _____

Mortgage Lender's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Fax #:** _____

*Applicant is hereby made to obtain a permit to complete the work and installations as indicated.
Applicant hereby certifies 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 this jurisdiction.
I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, SIGNS, POOLS, WELLS, FURNACES, BOILERS, HEATER, TANKS, AND AIR CONDITIONERS, ETC.*



City of Umatilla Florida

OWNER'S AFFIDAVIT: *I certify that all the forgoing information is accurate and correct to my knowledge, and that all work will be completed in compliance with all applicable laws regulating construction and zoning.*

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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.**

PROPERTY OWNER OR AGENT SIGNATURE

CONTRACTOR SIGNATURE

PRINT FULL LEGAL NAME

PRINT FULL LEGAL NAME

DATE

DATE

****If being signed by BOTH owner and contractor, both parties are required to be present upon notarizing. Otherwise Notary will cross out the 2nd location for notarization; a second form may be filled out and notarized if both parties are unable to present at the same time.**

STATE OF FLORIDA

COUNTY OF LAKE

The Foregoing instrument was sworn or acknowledged before me

By means of [] Physical Presence or [] Online Notarization,

This _____ day of _____, 20____,

By _____

STATE OF FLORIDA

COUNTY OF LAKE

The Foregoing instrument was sworn or acknowledged before me

By means of [] Physical Presence or [] Online Notarization,

This _____ day of _____, 20____,

By _____



Reroof Scope of Work FBC 7th Ed' (2020)

1 South Central Avenue, Umatilla, FL 32784
Phone (352)6693125 · Website www.umatillafl.org

Permit: _____

Date: _____

Job Address: _____

Structure: Single-Family Residence/Townhouse Mobile Home Commercial/Condominium

Re-Roof Type: Replacement - Tear off Existing and Replace Re-cover – New Roof over Existing Roof
If damaged decking replacement is required, an inspection is required.

Job Description: _____ Square Footage _____

Special Notes: _____

Type of Roof & Florida Product Approval numbers:

<input type="checkbox"/> Coating Only	FL# _____	<input type="checkbox"/> EPDM - Hypalon or PVC One ply	FL# _____
<input type="checkbox"/> Underlayment	FL# _____	<input type="checkbox"/> Smooth Surfaced Built-up	FL# _____
<input type="checkbox"/> Fiberglass Shingle	FL# _____	<input type="checkbox"/> Built-up with Aggregate	FL# _____
<input type="checkbox"/> Wood Shingle or Shake	FL# _____	<input type="checkbox"/> Tile	FL# _____
<input type="checkbox"/> Modified Bitumen	FL# _____	<input type="checkbox"/> Metal – Direct attachment	FL# _____
		<input type="checkbox"/> Metal with Purlins	FL# _____

Slope of Roof: Less than 2:12 * 2:12 – 4:12 ** 4:12 or greater

*No shingle application allowed **Multi-layer underlayment requires inspection or digital photographs for verification

Ventilation: Turbines qty _____ Off-ridge Vent qty _____ Powered Vent qty _____
 Ridge Vent length _____ Other / Unvented: _____

Flashing: Use existing Repair Existing flashing Replace all Flashing
 Replace w/L-Flashing Replace w/Step Flashing

Drip Edge: Use Existing Repair Existing Drip edge Replace All Drip Edge

Valley Treatment Use Existing valley New Metal New Mineral Surface

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

- This scope of work form with the signed and notarized roofing affidavit included.
- Florida product approval installation instructions, current master filed systems or site-specific engineering for all products used on the job.
- Printed photographs of sheathing re-nailing, underlayment (if used), Purlins or insulation (if used) with a measurement device shown to reference required fastener spacing.
*Sheathing shall be re-nailed for any detached Single-Family home built prior to March 1, 2002.
Nailing should be equivalent to # 8d no more than 6" on center. Per FBCEB 706.7.1 & T706.7.1.6*
- The photographs must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing.
All the documents will become part of the inspection record. On-site inspections, per Florida Building Code 110, may be required by the Building Official to verify Code compliance.

Reroofing Inspection Affidavit Nailing, Sheathing, Dry-In & Flashing

REROOF ONLY – NOT NEW CONSTRUCTION

Permit: _____

Date: _____

Job Address: _____

Indicate the method utilized for underlayment meeting the requirements of Section 905.1.1 FBCR

1) "The entire roof deck shall be covered with an approved self-adhering polymer-modified bitumen underlayment complying with ASTM D1970...."

2) "A minimum 4-inch-wide strip of self-adhering polymer-modified bitumen membrane complying with ATSM D1970 shall be applied over all joints in the roof decking...."

3) "A minimum 3 ¾ inch wide strip of self-adhering flexible flashing tape complying with AAMA 711 shall be applied over all joints in the roof decking...."

4) "Two layers of ATSM D226 Type II or ATSM D4869 Type III or Type IV"

5) "Two layers of a reinforced synthetic underlayment that has a product approval as an alternative to underlayment complying with ATSM D226 Type II...."

I _____, as a(n) General, Building, Residential, or Roofing Contractor, Engineer, Architect, or F.S. Chapter 468 Building Inspector, I hereby affirm, that all of the foregoing information is true and accurate and that the sheathing, nailing, dry-in, and flashings at the above referenced address/lot have been installed in accordance with the attached scope of work, complying with all applicable codes and standards. Based upon my examination I have determined the installation was done in conformance with the requirements of Section 706.7 Existing Roofing, Mitigation of the Florida Building Code, Existing.

License #: _____

Company/Contractor: _____

Contractor's Signature: _____ Date: _____

(Must be signed by license holder OR Owner if owner/builder)

A final roofing inspection is required:

This signed and notarized affidavit must be provided at the job site at the time of the final roofing inspection along with digital photographs of each plane of the roof with the permit number or address number clearly marked on the deck for each inspection. The photographs must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing.

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this ____ day of _____, 20____, by _____ who is personally known to me ____ or has produced _____ as identification.

Notary Public

(SEAL)

Printed Name

My Commission Expires