# ROOFING PERMIT PACKET

Please complete the following and submit along with permit packet.

<table>
<thead>
<tr>
<th>Construction Type</th>
<th>Roof Type</th>
<th>$Contract Amount$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-Roof</td>
<td>□ Metal</td>
<td>□ Shingle</td>
</tr>
<tr>
<td>Roof-Over</td>
<td>□ Metal</td>
<td>□ Shingle</td>
</tr>
</tbody>
</table>

The following inspections are required:

**Roof Over**
- In-Progress
- Final

**Re-Roof**
- Sheathing
- Final

**Roofing affidavits for residential dwelling can only be submitted with prior approval from the Building Inspector. If for some reason, the sheathing inspection cannot be completed, please contact me for other alternatives.**

Roofing permits are based on the valuation of the contract price provided; any job that is $2500 or more requires a notice of commencement to be filed at the Clerk's Office.
Roofing Inspection Affidavit

RE: Permit #__________________________
Contractor: __________________________ License Number ________________________

____ Registered/Certified
____ Engineer
____ Architect
____ Building Inspector

Property Owner: ____________________________

First       Middle       Last

Job Site Address: ____________________________

Street       City       State       Zip

Parcel ID#: ________________________________________________________________

By signing this affidavit, I am acknowledging that I personally conducted an inspection on the roof deck nailing and/or secondary water barrier of the above site address. Based upon that examination, I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.).

__________________________
Contractor's Signature

__________________________
Date

STATE OF FLORIDA
COUNTY OF JEFFERSON

Sworn to a subscribed before me this _____ day of _____ A.D. ________
by ____________________________

Notary Public, State of Florida: ____________________________

Signature

(Print, Type, or Stamp Name) ____________________________ (Commission No.)

_____ Personally Known

_____ Produced Identification – Type of Identification Produced

**General building, Residential, or Roofing contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit number or address number clearly shown marked on the deck for each inspection.**
NOTICE OF COMMENCEMENT

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED HEREBY INFORMS YOU THAT IMPROVEMENTS WILL BE MADE TO THE CERTAIN REAL PROPERTY AND IN ACCORDANCE WITH SECTION 713.13, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS STATED IN THIS NOTICE:

1. DESCRIPTION OF PROPERTY:

2. GENERAL DESCRIPTION OF IMPROVEMENT:

3. NAME AND ADDRESS OF OWNER:

4. OWNER’S INTEREST IN THE SITE OF IMPROVEMENT:

5. NAME AND ADDRESS OF THE FEE SIMPLE TITLE HOLDER (IF OTHER THAN THE OWNER):

6. NAME AND ADDRESS OF CONTRACTOR:

7. NAME AND ADDRESS OF LENDER MAKING A LOAN FOR CONSTRUCTION OF IMPROVEMENT:

8. NAME AND ADDRESS OF PERSON WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED:

9. IN ADDITION TO HIMSELF, OWNER DESIGNATES THE FOLLOWING PERSON TO RECEIVE A COPY OF THE LEINOR’S NOTICE AS PROVIDED IN SECTION 713.06(2)(b), FLORIDA STATUTES:

10. THE EXPIRATION DATE OF THIS NOTICE OF COMMENCEMENT IS ONE (1) YEAR FROM THE RECORDING DATE HEREOF.

__________________________________
SIGNATURE                          DATE

STATE OF FLORIDA
COUNTY OF JEFFERSON
Signed before me this ______ day of ________________, 20__,
by _________________________________________________

PERSONALLY KNOWN: ______
PRESENTED IDENTIFICATION: ______, IDENTIFICATION PROVIDED: ___________________________

______________________________
SIGNATURE OF NOTARY
(SEAL)
Jefferson County Building Department
445 W. Palmer Mill Rd. <> Monticello, FL 32344
Ph. No. 850-342-0223 <> Fax 342-0225

Construction Debris Disposal

Property ID Number: _____________________________
911 Address of Site: ________________________________
Contractor or Business Name: ________________________________

Construction Debris generated during, after or due to above project will be disposed of as follows:

( ) Jefferson County supplied roll off construction dumpster.

   Contact Beth Thorne 850-342-0184

( ) Private provider of debris removal or dumpster service.

( ) Hauled by owner/contractor to dump site in Madison County

   Aucilla Waste Area; Hwy 221 South, Greenville

( ) Other means

Explain __________________________________________________________________________

Signature: _____________________________ Date: __/__/____

You are not allowed to place construction debris in or around any county/city dumpster not explicitly for construction use.