



ROOF / RE-ROOF PERMIT APPLICATION

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100 NW 1st Avenue Delray Beach FL 33444

FOR OFFICE USE ONLY:

PROPERTY CONTROL #: _____ - _____ - _____ - _____ - _____ - _____

PLEASE PRINT

JOB SITE ADDRESS _____

PROPERTY OWNER NAME _____

HOME PHONE (_____) _____ CELL (_____) _____

PROPERTY OWNER ADDRESS _____

ROOF CONT'R (COMPANY) NAME _____

ROOF CONT'R ADDRESS _____

CITY _____ ST _____ ZIP _____

BUS. PHONE (_____) _____ CELL (_____) _____

E-MAIL _____ FAX (_____) _____

BLDG PERMIT #: _____
ROOF PERMIT #: _____
PERMIT FEE: _____
SURCHARGES: _____
PLAN CHECK FEE: _____
MCR #: _____

APPROVALS:
PLAN: _____ DATE: _____
P & Z: _____ DATE: _____

NOTE: PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180-DAYS OR IF ACTIVITY LAPSES FOR 180 DAYS. PLANS MUST BE ON THE JOB SITE FOR ALL INSPECTIONS. FINAL INSPECTION IS REQUIRED ON ALL PERMITS.

PROJECT COST (Labor and Material) \$ _____

Check one: NEW CONSTRUCTION RECOVER OVER EXISTING REMOVE EXISTING & REPLACE R/R A/C UNITS
(Engineer's Letter Required) (Mech. Permit Required)

SOLAR PANELS or SOLAR WATER HEATER required to be removed/replaced (Permits Required and Engineer's certification for re-installation)

Check one: SINGLE-FAMILY MULTI-FAMILY COMMERCIAL

MITIGATION REQUIREMENTS IF SAWN LUMBER, WOOD PLANK, OR WOOD STRUCTURAL PANEL ROOF DECK - FBC EXISTING
CODE section 706.8: YES Wood NO Wood IF WOOD BEFORE 2002, then complete #3 below.

1. YEAR BUILT (check one): BEFORE MARCH 2002 (Go To #2) AFTER MARCH 2002
2. **BUILDING** VALUE: \$ _____ MUST PROVIDE: **BUILDING** INSURANCE SUMMARY SHEET OR COPY OF MOST RECENT TAX BILL OR PROPERTY APPRAISER OFFICE WEBPAGE
(IF \$300,000, OR MORE, NOT INCLUDING LAND VALUE, GO TO #3)
3. SUBMIT RE-ROOFING MITIGATION DOCUMENT PACKAGE and BUILDING APPLICATION

TYPE/COLOR OF ROOF MATERIAL REMOVED _____ TYPE/COLOR OF ROOF MATERIAL INSTALLED _____

ROOF TYPE (CIRCLE):	MANUFACTURER:	PRODUCT APPROVAL NUMBER:
FLAT _____	_____	_____
SLOPED _____ : 12	_____	_____

SIGNATURE OF QUALIFIER CONTR. REGISTRATION # WORKERS COMP# OR EXEMPTS (FID /FEIN) #

PLEASE WRITE LEGIBLY AND COMPLETE FULLY. ILLEGIBLE OR INCOMPLETE NOTARIZATIONS WILL NOT BE ACCEPTED.

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization
this DAY day of MONTH, YEAR by _____
(Printed Name of Above Signatory)

Signature of Notary Public – State of Florida

(NOTARY SEAL)

Personally Known _____
OR
Produced Identification _____
Type of Identification Produced _____