





Residential Re-Roof Permit Requirements FOR CONTRACTORS

 Permit Application

 Roofing Supplement Form

 Notice of Commencement if over \$5,000.00 (*Recorded and Certified copy not required until first inspection*)

 Copy of Warranty Deed (*A copy of the Recorded Deed can be obtained from Flagler County Clerk's office, Recording Department.*) <https://apps.flaglerclerk.com/Landmark/>

*** THIS LIST IS INTENDED ONLY AS A GUIDE LINE FOR APPLICATION SUBMITTAL AND MAY OR MAY NOT BE ALL INCLUSIVE***

It is the applicant's responsibility to produce Notice of Commencement as specified in Florida Statute Chapter 713.13, prior to the scheduling of inspections. All inspections must be complete to close out the permit when the project is complete. Failure to close out permits may result in additional fees and/or suspension of rights to obtain additional permits.



Flagler County Building Permit Application

FOR BUILDING USE ONLY
Permit # _____
Code # _____
Date _____

1. **Property Owners Name:** _____
 Mailing Address: _____
 Phone Number: _____ E-mail: _____

2. **Location of Property/ Job Address:** _____
 Legal Description: _____
 Parcel #: _____ Block: _____ Lot: _____

3. **Contractor / Installer:** _____
 Address: _____ State License: _____
 City/State/Zip Code: _____ Phone #: _____
 Fax #: _____ Cell #: _____
 E-mail: _____

4. **Description of Work:** _____
 Commercial **Residential**
Mobile Home: Make _____ Model _____ Year _____ Serial Number: _____
 Specify Single or Double Wide _____ Width: _____ x Length: _____ (*without hitch*)=Sq Ft: _____
 Is this a replacement home? YES or NO (*If yes provide proof*)

5. **Total Square Footage Under Roof:** _____

6. **Type of Construction, Occupancy Classification and Area Totals:**

Type of Construction (check one):

IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
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Occupancy Classification (check one):

A-1	A-2	A-3	A-4	B	E	F-1	F-2	H-1	H23	H-5	I-1
I-2	I-3	I-4	M	R-1	R-2	R-3	R-4	S-1	S-2	U	

Living Area: _____ Square feet. Non Living: _____ Square feet.
 Number of Rooms (total): _____ Number of Bedrooms: _____ Number of Bathrooms: _____
 Number of Stories: _____ Habitable Floors: _____ Number of Elevators: _____
 Patio: _____ Square feet. Driveway: _____ x _____ Pool Area (including deck): _____
 Fire Sprinklers: YES or NO (*If yes, separate permit required*)

7. **Potable Water Supplied by:** _____ **Septic Tank Permit #:** _____
or Water and Sewer Company: _____

8. **Total Cost of Improvements:** _____

9. **Sub Contractor Information:**

Electrical Contractor:

DBA:	License Holders Name:
State License Number:	Size of Electrical Service: Phase: _____ Amps: _____

Plumbing Contractor:

DBA:	License Holders Name:
State License Number:	Number of Bathrooms: _____
Number of Fixtures, Floor Drains and Traps: _____	

Mechanical Contractor:

DBA:	License Holders Name:
State License Number:	Total Cost of Mechanical :
Size of Unit	tons.

Roofing Contractor:

DBA:	License Holders Name:
State License Number:	Total Cost of Roof :
Type of Roof to be Installed:	Square Footage of Structure:

Aluminum Contractor:

DBA:	License Holders Name:
State License Number:	Total Cost of Aluminum Structure:
Square Footage under Solid Roof Panels :	

Gas Contractor:

DBA:	License Holders Name:
State License Number:	Total Number of Outlets:

Elevator / Fence:

DBA:	License Holders Name:
State License Number:	Total Cost of Elevator / Fence:

Others Contractor:

DBA:	License Holders Name:
State License Number:	Total Cost of Others:

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work 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.

“FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR THE BUILDING IMPROVEMENTS”

(Signature) (Printed Name)

IS SIGNING AS: CONTRACTOR MOBILE HOME INSTALLER OWNER* (Check one)

State of _____ County of _____

Sworn to and Subscribed before me, the _____ Day of _____, 20____ by _____ who is personally known to me or has produced _____ as identification.
(Type of Identification)

Signature of Notary Public or Staff Signature* Print, Type or Stamp of Notary

***To qualify as an owner/builder, the owner of the property must personally appear at Central Permitting and sign this application. (FS §489.103.7b)**

ROOF SUPPLEMENTAL FORM

Flagler County

Jobsite Address _____ Contractor _____ (as listed on permit application)

Job Type: Commercial Residential **Work Type:** New Roof Re-Roof Roof-Over Repair

Roof Deck Type (s): Plywood/OSB Metal Concrete 1 by Wood Other _____

(Provide information below in "SQUARES" example: 1,200 square feet divided by 100 = 12 squares) (1 square=10'x 10')

Sloped (Pitched) Area Squares _____ + Flat (Low Pitch) Area Squares _____ = Total Squares _____

Sloped Roof Information		Flat Roof Information	
Slope (Pitch) of Roof	_____ /12"	Positive Drainage? If No, how will it be achieved? →	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Deck Nailing	<input type="checkbox"/> N/A <input type="checkbox"/> Approx. 6" on center	Deck Nailing	<input type="checkbox"/> N/A <input type="checkbox"/> Approx. 6" on center
Skylights Replaced?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Skylights Replaced?	<input type="checkbox"/> No <input type="checkbox"/> Yes
*Product Approval	_____	*Product Approval	_____
1 Layer Dry In Underlayment *Product Approval	<input type="checkbox"/> Peel-N-Stick (entire roof) _____	Base Sheet/Underlayment	
2 Layers Dry In Mod Bitumen Strips or Tape Deck Joints	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Layers?	<input type="checkbox"/> 1 Layer <input type="checkbox"/> 2 Layers <input type="checkbox"/> N/A
Dry In Underlayment	<input type="checkbox"/> Synthetic <input type="checkbox"/> _____ (Other)	Base Sheet Underlayment *Product Approval	_____
*Product Approval	_____		
Layers of Dry In Underlayment	<input type="checkbox"/> 1 Layer <input type="checkbox"/> 2 Layers <input type="checkbox"/> N/A		
Roof Covering Manufacturer		Roof Covering Manufacturer	
Roof Covering Product (Shingles, Metal, Tile, Etc.)		Roof Covering Product (Modified Bitumen, TPO, Etc.)	
Roof Covering *Product Approval		Roof Covering *Product Approval	
Insured or Appraised (Just) Value of Single Family Site Built Residential Building Structure (if required) (Attach Property Appraiser Assessment) \$ _____			
Explain Work: (Please Print)			

*Product Approval = Florida Product Approval Number or Miami-Dade NOA

It is up to the contractor to use products which comply with the **Current Florida Building Code**.

These products include such items as drip edge, flashing, valley material, skylights, vents, fasteners, etc.



Flagler County Growth Management
Building Services Division

1769 East Moody Blvd
Bldg 2, Bunnell, FL 32110
386-313-4003

NOTICE OF COMMENCEMENT

PERMIT NUM [] TAX FOLIO NUM []

STATE OF FLORIDA
COUNTY OF FLAGLER
THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY AND, IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

DESCRIPTION OF PROPERTY []
DESCRIPTION OF IMPROVEMENT []

OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR IMPROVEMENT
NAME [] INTEREST IN PROPERTY []
ADDRESS []
NAME AND ADDRESS OF FEE SIMPLE TITLEHOLDER - (IF OTHER THAN OWNER) []

CONTRACTOR NAME [] PHONE []
ADDRESS []

SURETY NAME [] PHONE []
ADDRESS [] BOND AMOUNT []

LENDER NAME [] PHONE []
ADDRESS []

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13(1)(A)7., FLORIDA STATUTES
NAME [] PHONE []
ADDRESS []

IN ADDITION TO HIM/HERSELF, OWNER DESIGNATES THE FOLLOWING PERSON(S) TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES
NAME [] PHONE []
ADDRESS []

EXPIRATION DATE OF NOTICE OF COMMENCEMENT
THE EXPIRATION DATE IS 1 YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED HERE: []

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.

SIGNATURE OF OWNER OR LESSEE, OR OWNER'S OR LESSEE'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER [] SIGNATORY'S TITLE / OFFICE []

STATE OF FLORIDA COUNTY OF FLAGLER
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME, BY MEANS OF [] PHYSICAL PRESENCE OR [] ONLINE NOTARIZATION,
THIS [] DAY OF [], [] BY []
YEAR NAME OF AFFIANT
PERSONALLY KNOWN [] OR PRODUCED IDENTIFICATION []

SIGNATURE OF NOTARY PUBLIC STATE OF FLORIDA [] PRINT, TYPE OR STAMPED COMMISSIONED NAME OF NOTARY PUBLIC []