

Date _____

ROOF – REROOF PERMIT APPLICATION



It is understood that any permit issued on this application will not grant the right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the City of Minneola's local ordinances, local, state or federal regulations or codes.



PERMIT # _____

ALT KEY # _____

PROJECT ADDRESS: _____

(Please include street, city, state and zip code)

OWNER INFORMATION:

PROPERTY OWNER(S) NAME: _____ CONTACT #: (_____) _____

PROPERTY OWNER ADDRESS: _____

(Please include street, city, state and zip code)

CONTRACTOR INFORMATION:

LICENSE HOLDER NAME: _____ LICENSE # _____

COMPANY NAME: _____ CONTACT #: (_____) _____

FAX #: (_____) _____ EMAIL ADDRESS: _____

COMPANY ADDRESS: _____

(Please include street, city, state and zip code)

CONTRACTOR OR AUTHORIZED AGENT SIGNATURE: _____

IF SIGNED BY AN AUTHORIZED AGENT, PLEASE PRINT NAME: _____

CHECK TYPE OF IMPROVEMENT:

NEW ROOF _____ ROOF REPAIR _____ ROOF COVER REPLACEMENT _____

PITCH _____:12 # OF SQUARES _____ *Circle One:* Shingle Metal Tile Modified Other*

NOTE: ROOF PERMIT INCLUDED WITH BUILDING PERMIT APPLICATION ON ALL NEW SINGLE FAMILY HOMES.

_____ ROOFING PERMIT – RESIDENTIAL:

Scope of Work _____

Fee: \$54.00
(Per Inspection)

Job Valuation: _____

_____ ROOFING PERMIT – COMMERCIAL:

Scope of Work _____

Fee: \$54.00
(Per Inspection)

Job Valuation: _____

of Inspections Required _____ **TOTAL: \$** _____

Reserved for use by Building Department Staff:

NOC: Y N N/A DATE ISSUED: _____ PERMIT NUMBER: _____ TOTAL PERMIT FEE: \$ _____