

## ROOFING PERMIT PACKET

**Please complete the following and submit along with permit packet.**

Construction Type      Roof Type      Roof Size      Contract Amt.

Re-Roof                      Metal Shingles      \_\_\_\_\_      \$ \_\_\_\_\_

Roof Over                      Metal Shingles      \_\_\_\_\_      \$ \_\_\_\_\_

The following inspections are required:

Roof Over

- In-Progress
- Final

Re-Roof

- Sheathing
- Final

**\*\*Roofing affidavits must be submitted in the event the in-progress/sheathing inspections cannot be completed. Please submit the document along with photographs of each plan of the roof with the permit number and address clearly shown marked on the deck for each inspection.\*\***

MADISON COUNTY BUILDING DEPARTMENT  
BUILDING PERMIT APPLICATION

Application Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Project Address: \_\_\_\_\_

Parcel ID#: \_\_\_\_\_

Applicant/Prime Contractor Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ E-mail \_\_\_\_\_

DBPR Florida License No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Architect (if applicable): Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

Engineer (if applicable): Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

For Addition and New Construction Projects all plans and specifications are required to be sealed by an architect and/or engineer showing seal and signature with license number.

- |                              |                             |                          |
|------------------------------|-----------------------------|--------------------------|
| ____ Two Sets of Plans (2)** | ____ Site Plan (2)          | ____ Septic/Sewer Permit |
| ____ Wind Load Analysis (2)  | ____ Zoning Compliance      | ____ Driveway Permit     |
| ____ Florida Energy Form (2) | ____ Notice of Commencement | ____ Lease Agreement*    |
| ____ Truss Layout (2)        | ____ Warranty Deed          | ____ Utility Agreement*  |

**\*Commercial Projects Only**

**\*\*For Commercial Projects Submit Four (4) Sets of Plans**

**If indicated provide two (2) copies, one will be returned with building permit noting any required corrections**

**Permit Information:**

**Type of Work:**  Residential  Commercial      **Utility Company:**  DUKE  TCEC

**Class of Work:**  New     Repair     Alteration     Addition     Demolition

**Value of Work:** \$ \_\_\_\_\_ **Sq. Footage:** \_\_\_\_\_ **Heated Space** \_\_\_\_\_ **Unheated Space** \_\_\_\_\_

**Scope of Work:** \_\_\_\_\_  
 \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet the standards of all laws regulation construction in this jurisdiction.

**OWNER'S/CONTRACTOR'S AFFIDAVIT:** I Affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws, regulations, construction, and zoning. This statement is made under oath and subject to the penalties for perjury.

**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.

_____ Signature of Owner/Agent                      Date	_____ Signature of Contractor                      Date
_____ Printed Name of Owner/Agent	_____ Printed Name of Contractor
STATE OF FLORIDA, COUNTY OF _____ SWORN to (or affirmed and subscribed before me this ____ day of _____, 20____, by _____, who is personally known to me <input type="checkbox"/> or has produced (type of identification) _____ as identification.	STATE OF FLORIDA, COUNTY OF _____ SWORN to (or affirmed and subscribed before me this ____ day of _____, 20____, by _____, who is personally known to me <input type="checkbox"/> or has produced (type of identification) _____ as identification.
Notary Signature: _____ My Commission Expires: _____ Stamp:	Notary Signature: _____ My Commission Expires: _____ Stamp:

**NOTICE OF COMMENCEMENT**

State of: **FLORIDA**

County of: **MADISON**

City of: **MADISON**

The undersigned hereby gives notice that improvement(s) 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:**

Street Address: \_\_\_\_\_

Parcel ID# \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

**GENERAL DESCRIPTION OF IMPROVEMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OWNER INFORMATION**

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Contractor Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**LENDER INFORMATION**

Lender Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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: \_\_\_\_\_ Address: \_\_\_\_\_

In addition to himself, Owner designates, \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration is one (1) year from date of recording unless otherwise specified.

Signature of Owner: \_\_\_\_\_ Print Name: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**DECLARATION OF CONSTRUCTION DEBRIS DISPOSAL**

DATE: \_\_\_\_\_ PROPERTY ID#: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

**ANY CONSTRUCTION RELATED DEBRIS GENERATED DURING THE SCOPE OF THIS PROJECT WILL BE DISPOSED OF AS FOLLOWS (PLEASE CHECK THE APPROPRIATE METHOD YOU PLAN TO USE):**

COUNTY SUPPLIED TILT DUMPSTER

PRIVATE SUPPLIED TILT DUMPSTER

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

HAULED BY PROPERTY OWNER TO LANDFILL

HAULED BY CONTRACTOR TO LANDFILL

NO DEBRIS

\_\_\_\_\_  
Print Name

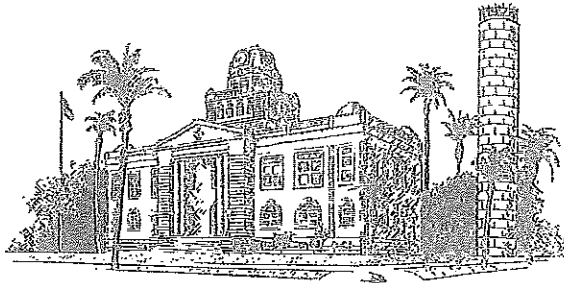
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COUNTY ORDINANCES NO. 93-56, NO. 96-56 AND NO. 99-98 PROHIBITS THE DISPOSING OF CONSTRUCTION RELATED DEBRIS IN THE COUNTY MAINTAINED GREEN BOX PUBLIC GARBAGE COLLECTION SITES.**

**WE APPRECIATE YOUR COOPERATION IN ASSISTING US TO ASSURE COMPLIANCE WITH THESE ORDINANCES FOR THE BENEFIT OF THE CITIZENS OF MADISON COUNTY.**

Board of County Commissioners  
Madison County, Florida



MADISON COUNTY BUILDING DEPARTMENT  
Phone 850-973-6785 • Fax 850-973-6727  
madisonbldg@earthlink.net  
www.madisoncountyfl.com

Madison County is an Equal Opportunity Employer

**Roofing Inspection Affidavit**

RE: Permit# \_\_\_\_\_  
Contractor: \_\_\_\_\_ License Number \_\_\_\_\_  
Contractor Type (Check One): \_\_\_\_\_ 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 MADISON

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D.,  
by \_\_\_\_\_.

Notary Public, State of Florida:

\_\_\_\_\_  
(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.\*\***