



**CITY OF ST. CLOUD, FLORIDA
BUILDING DEPARTMENT**

1300 Ninth Street St. Cloud, FL. 34769
Phone: 407.957.7224 Fax: 407.957.8412

FOR OFFICIAL USE ONLY:

Application #

Accepted By:

6th Edition Florida Building Codes
6th Edition Florida Fire Prevention Code

RE-ROOF PERMIT APPLICATION

FORM MUST BE FILLED OUT ENTIRELY BEFORE ISSUANCE OF A PERMIT – IF ITEM IS NOT APPLICABLE, INSERT “N/A”

Owner Mailing Address City/State Zip

Owner Phone Owner Email

Job Address Legal Description

Company Name Mailing Address City/State Zip Phone

Architect/Engineer Mailing Address City/State Zip Phone

Contractor Name Contractor License # Contractor Email Contractor Phone #

Description of Work Total Square Footage \$ Valuation/Project Cost

Bonding Company Mailing Address

Mortgage Company Mailing Address

CLASS OF WORK: Commercial Residential Single Story Structure Two Stories or More Structure Mobile Home

ACCESS MUST BE PROVIDED BY THE CONTRACTOR IF STRUCTURE IS OVER 1 STORY

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 the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit may need to be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

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 CONTRACTOR/OWNER/AGENT

DATE: _____
Applications for an un-issued permit for any proposed work shall be deemed abandoned 180 days after the date of filing.

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____ by _____, who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC