



# ROOF / RE-ROOF PERMIT APPLICATION

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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 \_\_\_\_\_  
FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

FOR OFFICE USE ONLY:

BLDG PERMIT #: _____
ROOF PERMIT #: _____
PERMIT FEE: _____
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)

Check one:  SINGLE-FAMILY\*  MULTI-FAMILY  COMMERCIAL

**\*MITIGATION REQUIREMENTS IF SINGLE FAMILY:**

1. YEAR BUILT (check one):  BEFORE MARCH 2002 (Go To #2)  AFTER MARCH 2002
2. HOUSE VALUE: \$ \_\_\_\_\_ MUST PROVIDE: HOME 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 \_\_\_\_\_

**NOTE: FOLLOW MANUFACTURER'S GUIDELINES AND NOTICE OF ACCEPTANCE FOR SHINGLE INSTALLATION.**

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

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

STATE OF \_\_\_\_\_ Personally Known \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ OR  
Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public