



City of Port St. Lucie Building Department
 121 SW Port St. Lucie Blvd
 Port St. Lucie, FL 34984
 772-871-5132 -- http://pandapublicweb.cityofpsl.com

ROOF REPAIR PERMIT

Construction under this permit will be done in accordance with FBC 6th Edition (2017)

PERMIT # _____ PIN # _____

PROPERTY ADDRESS				
LEGAL DESCR	SECTION	BLOCK	LOT	Parcel ID#
OWNER		MAIL ADDRESS		ZIP PHONE
CONTRACTOR		MAIL ADDRESS		ZIP STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address		PHONE	FAX #	

Roof Type: Hip Boston-Hip Gable Flat Other Roof Pitch: _____/12 slope Cost of Construction \$ _____

Roof Deck: _____ EXISTING DECK TO REMAIN – Any sheathing modification would require an engineer
 Underlayment applied directly to roof deck Yes No

Existing Roof Covering: _____ Existing Roof Covering to be Removed? Yes No Proposed Roof Covering: _____
 Shingles can NOT be used on roof slopes of less than 2/12 Pitch

Asphalt Shingles: Must be classified by one of the following to resist the basic wind speed (FBC R 905.2.6.1 & 1507.2.10)
 ASTM D 3161 – Class F ASTM D 7158- Class H TAS107 Manufacturer: _____ Product Name: _____ Product Approval #: _____
 Clay Tile ASTM-C1167 Concrete Tile ASTM-C1492
 Manufacture's installation specs must be on the jobsite at the time of inspection

Proposed Flashing: Galv/Steel Aluminum Copper Lead Other _____

Ridgevent to be installed? Yes No

New Skylights? Yes (separate permit & fees required) No Replacement (separate permit, no fee required)

Applied Date: _____ Rec'd By: _____ Reviewed by / Date _____ **PERMIT FEE:** _____

Please note, a detailed scope of work and location of improvement must be submitted with the permit for roof repairs.

THIS PERMIT BECOMES NULL AND VOID IF CONSTRUCTION OR WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

OWNER'S AFFIDAVIT: I certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating to construction and zoning.

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 _____	Date _____	Signature of Owner (Only if Owner-Builder) _____	Date _____
Print Name _____		Print Name _____	
NOTARY PUBLIC, State of Florida		[NOTARIAL SEAL]	

State of Florida
 County of _____
 The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

Payment Method: _____ Last 4 or Check #: _____ Receipt #: _____