



City of Port St. Lucie Building Department
 121 SW Port St. Lucie Blvd., Port St. Lucie, Fl. 34984
 Ph: 772-871-5132 Website: www.CityofPSL.com/Building

NEW & REPLACEMENT ROOF PERMIT APPLICATION

Permit # _____ Pin _____

CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8TH EDITION

Site Address:	Parcel ID:
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Owner's Information		
Name:	Email:	Phone:
Address:		

Contractor's Information		
Name:	Email:	Phone:
Address:	PSL Comp no.	State License no.

PROJECT INFORMATION	
<input type="checkbox"/> 1&2 Family <input type="checkbox"/> Commercial Existing Roof Covering: _____	Existing fasteners size: <input type="checkbox"/> 6d <input type="checkbox"/> 8d <input type="checkbox"/> N/A Existing fasteners spacing: <input type="checkbox"/> 6" o.c or less <input type="checkbox"/> more than 6" o.c <input type="checkbox"/> N/A <i>Note: If the existing fasteners are 8d spaced on 6" o.c or less, roof re-nailing is not required. 8d nails shall be a minimum of 0.113 inch in diameter and shall be a minimum of 2 1/4 inches long to qualify for the provisions of this section for existing nails regardless of head shape or head diameter.</i>

ROOF DECK: Wood structural panels OSB T/G Structural concrete Steel Cementitious wood fiber panels Roof slope _____:12

STEEP SLOPE ROOF COVER AND UNDERLAYMENT **Select applicable roof cover and underlayment from one option area only. Example: For type A roof cover, choose type A underlayment, for type B roof cover, choose type B underlayment, etc.

TYPE A Roof Cover: <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal Roof Panels <input type="checkbox"/> Photovoltaic shingle Type A Underlayment: <input type="checkbox"/> (1) layer & tape <input type="checkbox"/> (1) layer self-adhered <input type="checkbox"/> (2) layers <input type="checkbox"/> ASTM D226 type II <input type="checkbox"/> ASTM D4869 type III or IV <input type="checkbox"/> ASTM D6757 <input type="checkbox"/> ASTM 1970 or AAMA 711 level III (tape) <input type="checkbox"/> Self-adhered ASTM D1970	TYPE B Roof Cover: <input type="checkbox"/> Metal roof shingle <input type="checkbox"/> Wood/shake/slate shingle <input type="checkbox"/> Mineral surface roll roofing Type B Underlayment: <input type="checkbox"/> (1) layer & tape <input type="checkbox"/> (1) layer self-adhered <input type="checkbox"/> (2) layers <input type="checkbox"/> ASTM D226 type II <input type="checkbox"/> ASTM D4869 type III or IV <input type="checkbox"/> ASTM 1970 or AAMA 711 level III (tape) <input type="checkbox"/> Self-adhered ASTM D1970	TYPE C Roof Cover: <input type="checkbox"/> Clay/Concrete Tile Type C Underlayment: <input type="checkbox"/> Single ply (underlayment must be self-adhered ASTM D1970) <input type="checkbox"/> Two-ply systems (select both base sheet and cap sheets as applicable). Base Sheet: <input type="checkbox"/> ASTM D226 type II (#30) <input type="checkbox"/> Self-adhered ASTM D1970 <input type="checkbox"/> ASTM D4869 type IV (#30) <input type="checkbox"/> Type II organic cap sheet (#90) <input type="checkbox"/> ASTM D2626 (#43) <input type="checkbox"/> ASTM D6380 Class M or WS (#90) (mineral surfaced roll roofing) <input type="checkbox"/> Self-adhered ASTM D1970
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LOW SLOPE CONFIGURATION (provide the product approval, and identify which configuration is used)

<input type="checkbox"/> Modified Bitumen <input type="checkbox"/> Single Ply <input type="checkbox"/> Liquid applied <input type="checkbox"/> SPF (sprayed polyurethane foam) <input type="checkbox"/> BUR (built-up roof)	Total Valuation \$ _____
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****MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER**

Contractor Signature _____ Date _____ Print Name _____ Notary Public, State of Florida [NOTARIAL SEAL] STATE OF FLORIDA, County of _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.	Owner or Owner's Authorized Representative Signature _____ Date _____ Print Name _____ Notary Public, State of Florida [NOTARIAL SEAL] STATE OF FLORIDA, County of _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.
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FOR OFFICE USE ONLY

PERMIT FEE \$ _____ Payment method: _____ Last 4 Digits of Credit Card or Check no.: _____ Receipt no.: _____

Application date: _____ Rec'd by: _____

Application created 10/21/20 YP (Revised 05/03/21 YP)



Building Department CHECKLIST FOR RE-ROOF PERMITS

PERMIT APPLICATION – The following information must be completed on the permit application:

- For office use only - Permit number and pin number, C# if applicable
- Site address
- Parcel ID
- Owner's information
- Contractor's information
- Commercial/Residential
- Roof deck
- Steep slope roof cover and underlayment
- Low slope configuration
- Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS

- Product approval
- Manufacturer's specifications
- Skylight permit application, if replacing skylights (no additional cost).
- Recorded Notice of Commencement for work valued at \$5,000 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)
- ****If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit.**

NOTES:

- If the permit request is for NEW skylights, a "Skylight Permit Application" is required, and fees will apply.

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.