



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

RE-ROOF PERMIT Shingle

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

PERMIT # _____

CONF # _____

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 #	
Commercial:		Residential:		
Roof Type:	Hip <input type="checkbox"/>	Boston-Hip <input type="checkbox"/>	Gable <input type="checkbox"/>	Other <input type="checkbox"/> 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 MUST be Removed		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 <input type="checkbox"/> ASTM D 7158- Class H <input type="checkbox"/> TAS107 <input type="checkbox"/> Manufacturer: _____ Product Name: _____ Product Approval #: _____ ***Manufacture's installation specs must be on the jobsite at the time of inspection***				
Proposed Flashing: Galv/Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Copper <input type="checkbox"/> Lead <input type="checkbox"/> Other _____				
Ridgevent to be installed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
New Skylights? Yes <input type="checkbox"/> (separate permit & fees required) No <input type="checkbox"/> Replacement <input type="checkbox"/> (separate permit, no fee required)				
Applied Date:	Rec'd By:	Reviewed by / Date	PERMIT FEE:	

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 As to Contractor: _____ Notary As to Owner-Builder: _____

State of Florida _____ Payment Method: _____
 County of _____ Last 4 or Check #: _____
 Sworn before me on this _____ day of _____, 20____ Receipt #: _____
 Personally known _____ Produced ID _____ Type of ID _____