



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 TILE

Construction under this permit will be done in accordance with FBC 5th Edition (2014)

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 #	

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

Roof Deck: _____ EXISTING DECK TO REMAIN – Any sheathing modification would require an engineer

Existing Roof Covering: _____ Existing Roof Covering MUST be Removed.

Clay Tile ASTM-C1169 Concrete Tile ASTM-C1492 TAS107 Manufacturer: _____ Product Name: _____ Product Approval #: _____
 Manufacture's installation specs must be on the jobsite at the time of inspection

Proposed Flashing: Galv/Steel Aluminum Copper Lead Other _____
 New Skylights? Yes (separate permit & fees required) No Replacement (separate permit, no fee required)

Applied Date:	Rec'd By:	Reviewed by / Date	PERMIT FEE:
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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 (if Owner Builder) _____ Date _____

Notary As to Contractor: _____ Notary as to Owner or Agent: _____

State of Florida
 County of _____
 Sworn before me on this _____ day of _____, 20____
 Personally known _____ Produced ID _____ Type of ID _____

Permit Validation: Chk. M.O. Cash
 Batch # _____ Item # _____ Check # _____

Form created 05/10/2010 updated 05/31/2016 jlv