



**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

## Metal

Construction under this permit will be done in accordance with FBC 5<sup>th</sup> 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. Standing Seam YES  NO

Must be classified by one of the following to resist the basic wind speed (FBC R 905.2.6.1 & 1507.2.10)  
 Metal Panels UL58  ASTM-E1592 or TAS125  TAS107  Manufacturer: \_\_\_\_\_ Product Name: \_\_\_\_\_ Product Approval #: \_\_\_\_\_  
 Metal shingles per Table 1507.4.3(1)   
 \*\*\*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	<b>PERMIT FEE:</b>
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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 _____
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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 05/31/2014