

CITY OF LONGWOOD

ROOF PERMIT

SUBMITTAL REQUIREMENTS:

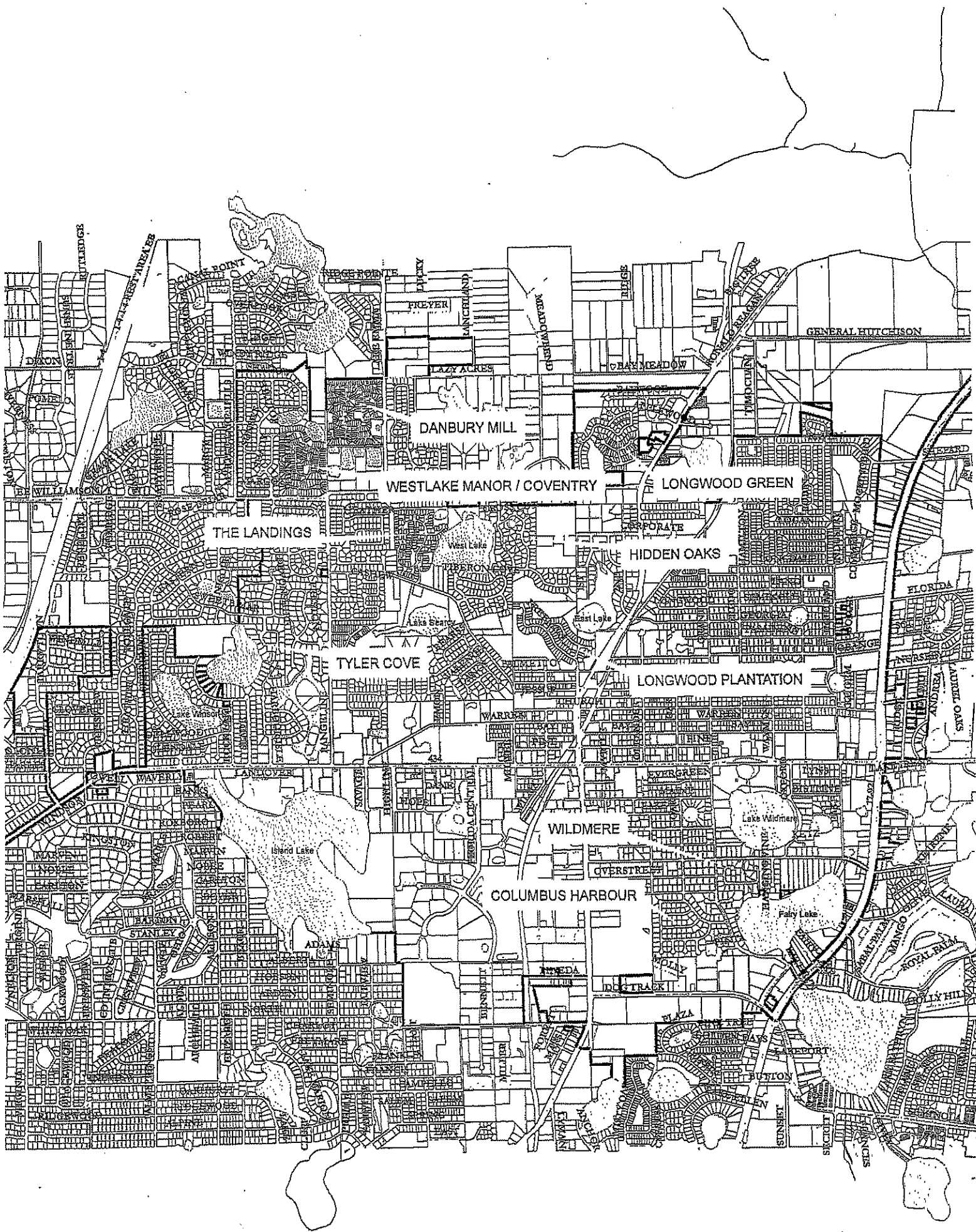
1. Completed Building Permit application.
2. Recorded Notice of Commencement if project cost is over \$2500. This document to be recorded at The Recording and Land Records Department – 1750 E. Lake Mary Blvd., Sanford, Fl.
3. All Contractors must register with the City of Longwood Building Division with a current State License, and a current Certificate of Insurance with the City of Longwood as the certificate holder. All contractors are required to provide the City with a certificate of insurance which includes current General Liability and Workers' Compensation.
4. All Contractors or Homeowners planning on commencing work in an area with a Homeowner Association are required to submit a letter of approval from the Homeowners Association for the work to be permitted. (See attached map of subdivision on record with the City of Longwood.)

SPECIAL INSTRUCTIONS:

1. Roofs shall comply with the Florida Building Code.
2. If roof is less than 4/12 slope, must be double felted for shingles. No shingles on roofs with slope less than 2/12.
3. Pursuant to Section 553.844, Florida Statutes, strengthening of existing site-built, single family residential structures to resist hurricanes shall be provided.

101.1 When a roof on an existing site-built, single family residential structure is replaced:
 - (a) Roof-decking attachment and fasteners shall be strengthened and corrected as required by section 201.1.
 - (b) A secondary water barrier shall be provided as required by section 201.2.
4. All Residential reroofs are required to have a notarized Inspection Affidavit with photographs of each plane of the roof with the permit# or address # clearly shown marked on the deck for each inspection.
5. Inspections required as per Florida Building Code.

If you have any questions regarding the above, please do not hesitate to contact the Community Services Department, Building Division at (407) 260-3464.



GENERAL HUTCHESON

DIPKEY

POINT

FREYER

LAZY ACRES

DANBURY MILL

WESTLAKE MANOR / COVENTRY

LONGWOOD GREEN

THE LANDINGS

HIDDEN OAKS

TYLER COVE

LONGWOOD PLANTATION

WILDMERE

COLUMBUS HARBOUR

ADAMS

MINEDA

INDUSTRIAL

PLAZA

ARABUMBA

ARANGO

ROYAL PALM

FLORIDA

LAUREL OAKS

STONEMAN

SECURITY

STONEMAN

STONEMAN

STONEMAN

STONEMAN

STONEMAN

STONEMAN

STONEMAN

City of Longwood

BUILDING PERMIT APPLICATION

Application is hereby made for a Building Permit to accomplish the work herein described in accordance with duplicate plans and/or specifications submitted herewith; it is agreed that all corrections in the plans and/or specifications necessary for compliance shall be observed and all requirements of the Building Codes, Zoning Ordinances, and all other pertinent laws and ordinances of the City of Longwood regulating construction shall be complied with in the pursuit of this work whether or not specified herein. **NOTE: ANY DEVIATION FROM AN APPROVED SITE PLAN MUST HAVE DEVELOPMENT REVIEW BOARD APPROVAL. FAILURE TO ENSURE THAT THE DEVIATION HAS BEEN APPROVED MAY RESULT IN THE ADDED IMPROVEMENTS BEING REMOVED AT THE OWNER'S EXPENSE. NO CERTIFICATE OF OCCUPANCY WILL BE ISSUED UNTIL ALL CONFLICTS ARE RESOLVED.**

MASTER PERMIT # _____ PERMIT # _____

IMPORTANT - Complete all items. Mark items where applicable.

Project Address: _____

Parcel/Tax I.D. # Sec _____ Twp. _____ Rng. _____ S/D _____ Blk. _____ Lot _____ P.B. _____ Pg. _____

Attach proof of Ownership: Tax record from Seminole County Property Appraiser's Office, Tax Receipt or Deed, etc.

1. _____

Property Owner	Address	City, State, Zip	Telephone
-----------------------	----------------	-------------------------	------------------
2. _____

Contractor	Address	City, State, Zip	Telephone
-------------------	----------------	-------------------------	------------------
3. _____

License Holder Name	License #
----------------------------	------------------

TYPE OF WORK: Residential Commercial Sq. Ft: Conditioned _____ Unconditioned _____ Total _____

<input type="checkbox"/> New Construction	<input type="checkbox"/> Alteration / Addition	Other:
<input type="checkbox"/> Interior Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Fence - LF _____ Ht. _____
		<input type="checkbox"/> Roof - Sq. _____ Slope _____
		<input type="checkbox"/> Pool - A/G _____ I/G _____
		<input type="checkbox"/> Shed - Size _____

Valuation of Work (Estimated Cost): \$ _____

Description of Work:

Bldg Permit: _____ Co. Road Imp.: _____
 Radon: _____ Other Fine: _____ Total Fees: \$ _____

<u>Subcontractor</u>	<u>Business Name and/ or License Holder</u>	<u>Telephone</u>	<u>License #</u>
Electrical:			
Plumbing:			
Mechanical:			
Fire Sprinkler/Fire Alarm:			
Low Voltage			
Other:			

Notice: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, MECHANICAL, PLUMBING, ETC. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS (180 DAYS) OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS (180 DAYS) AT ANY TIME AFTER WORK COMMENCED.

I hereby certify that I have read this application and that all information contained herein is true and correct. I agree to comply with all City Ordinances and State Laws regulating Building Construction. I am the owner or authorized agent of the owner or contractor described herein. I also certify that I will employ only licensed contractors as required by F. S. 489. I further acknowledge and agree that no site preparation or construction shall commence prior to posting of required permit.

Signature: _____ Date: _____

Community Development Approved by: _____
Land Use: _____
Date: _____

Engineering: Approved by: _____
Date: _____

Fire: Approved by: _____
Date: _____

Reviewed/Approved by: _____ Date: _____

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number _____

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

- 1. Description of property (*legal description*): _____
a) Street (job) Address: _____
- 2. General description of improvements: _____
- 3. Owner Information
 - a) Name and address: _____
 - b) Name and address of fee simple titleholder (if other than owner) _____
 - c) Interest in property _____
- 4. Contractor information
 - a) Name and address: _____
 - b) Telephone No.: _____ Fax No. (Opt.) _____
- 5. Surety Information
 - a) Name and address: _____
 - b) Amount of Bond: _____
 - c) Telephone No.: _____ Fax No. (Opt.) _____
- 6. Lender
 - a) Name and address: _____
 - b) Phone No. _____
- 7. Identity of person within the State of Florida designated by Owner upon whom notices or other documents may be served:
 - a. Name and address: _____
 - b. Telephone No.: _____ Fax No. (Opt.) _____
- 8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes:
 - a) Name and address: _____
 - b) Telephone No.: _____
- 9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I SECTION 713.13, FLORIDA STATUTES, AND CAN 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF _____

10. _____
Signature of Owner or Owner's Authorized Office/Director

Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this _____ day of _____, 20____, by: _____ as _____ (type of authority, e.g. officer, trustee, attorney fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification _____ Type _____
Notary Signature _____ Notary Stamp or Seal: _____

-AND-

11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing (in line #10 above)

City of Longwood
BUILDING DEPARTMENT

RE: Permit # _____

Inspection Affidavit

I _____, licensed as a(n) Contractor* /Engineer/Architect,
(please print name and circle Lic. Type) FS 468 Building Inspector*

License #; _____

On or about _____, I did personally inspect the roof deck nailing
(Date & time)

and/or secondary water barrier work at _____,
(Circle One) (Job Site Address)

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn and subscribed to before me this _____ day of _____ 200 _____

By _____

Notary Public, State of Florida

(Print, type or stamp name)

Commission No.: _____

Personally known _____ or
Produced Identification _____
Type of Identification Produced _____

*General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.