



City of Longwood

ROOF PERMIT APPLICATION

Application #: _____ Permit#: _____ Date Received: _____

Master Permit#: _____ (If associated with main project)

ALL REQUESTED INFORMATION MUST BE COMPLETED TO PROCESS THE PERMIT

Project Address: _____ (Unit#)

Parcel/ Tax I.D. # _____ - _____ - _____ - _____ - _____ (Proof of ownership must be attached)

This can be obtained by a records search on the Seminole County Property Appraiser's website: www.scpafl.org

Property Owners Information	
Property Owner	
Address of Owner	
Owners Telephone #	
Owners Email Address	

Contractors Information	
Contractors Company	
Address	
Telephone #	
Email Address	
License Number	
License Holders Name	
Contact Name:	Contact #
Contact Email:	

TYPE OF WORK: RESIDENTIAL COMMERCIAL NEW Re-Roof

MATERIAL: SHINGLES TILE TPO METAL MINERAL-SURFACE ROLL MODIFIED BITUMEN OTHER

WORK DESCRIPTION: _____

SQUARE FEET: _____ **TOTAL SQUARES:** _____ **SLOPE:** _____ **COLOR:** _____

VALUATION OF WORK (ESTIMATED COST): _____

NOTE: Valuation of work must be confirmed by presenting a signed contract. If no contract is provided, the valuation of work will be established by the Building Official pursuant to 109.3 of the FBC.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.



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<hr/> <p>Signature of Owner /Date</p> <hr/> <p>Printed Name of Owner STATE OF FLORIDA, COUNTY OF _____ _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____, who is Personally known to me or has Produced (type of identification) _____ as identification and who did take oath.</p> <p>_____</p> <p>Signature of Notary Public State of Florida</p> <p>_____</p> <p>Print Name of Notary Public</p>	<hr/> <p>Signature of Contractor /Date</p> <hr/> <p>Printed Name of Contractor STATE OF FLORIDA, COUNTY OF _____ _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____, who is Personally known to me or has Produced (type of identification) _____ as identification and who did take oath.</p> <p>_____</p> <p>Signature of Notary Public State of Florida</p> <p>_____</p> <p>Print Name of Notary Public</p>
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OWNER'S/CONTRACTOR'S AFFIDAVIT: I swear or affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I also swear or affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

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 OF AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Cost Recovery Agreement

By signing this application, the applicant understands and agrees that, pursuant to Longwood City Code Chapter 59, all direct costs, expenses and fees incurred by the city relating directly to the review, processing, inspection, or regulation of an application, including but not limited to the time of city consultants, as well as those relating directly to advertising, surveying, legal and engineering for an application or project shall be assessed to the applicant and reimbursed to the City.

For projects in the Historic District, the department may seek the input of a licensed architect with specialization in historic structures to evaluate submittals, the cost of which would be the responsibility of the applicant.

To cover these costs, many applications require a review retainer. The review retainer will be held during the course of review, and returned to the applicant once project review has been completed or the application has



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been formally withdrawn and after all outstanding invoices are paid. The review retainer is not to be used to pay invoices during the course of review, those will be sent separately to the applicant.

Full payment of all fees is a requirement for City's final approval of the Application. Following the approval of a permit and the payment of all required fees, or following a written letter from the applicant requesting the application be withdrawn and voided, any remaining balance will be refunded to the applicant, typically within 60 days.

APPLICANT INITIALS: _____

Impact Fees

Some Impact fees may be required prior to your permit being issued.

For more information contact the following:

1. The Seminole County Impact Fee office is at 1101 E First Street, Sanford, FL 32771. Debbie Troast 407-665-7356 or dtroast@seminolecountyfl.gov.
2. The City of Longwood Utility Impact Fee office is at 970 W SR 434, Longwood, FL 32750. Jammie Tackett, 407-263-2388 or jtackett@longwoodfl.org.

DEPARTMENT APPROVALS	
Community Development Planning/Zoning	Reviewed By: _____ Date: _____
Engineering	Reviewed By: _____ Date: _____
Utilities	Reviewed By: _____ Date: _____
Fire	Reviewed By: _____ Date: _____
Building	Reviewed By: _____ Date: _____