



City of Daytona Beach Shores
COMMUNITY SERVICES DEPARTMENT
BUILDING & CODES DIVISION
2990 S. Atlantic Avenue
Daytona Beach Shores, FL 32118
 Phone (386) 763-5377 Fax (386) 763-5370
 permits@cityofdbfs.org

ROOFING PERMIT APPLICATION

DATE: _____

PROPERTY IDENTIFICATION

BUSINESS NAME OR PROPERTY OWNER'S LAST NAME: _____

CONSTRUCTION ADDRESS: _____ PARCEL #: _____

PROPERTY OWNER INFORMATION

NAME: _____

ADDRESS: _____ PHONE #: _____

CITY, STATE, ZIP: _____ E-MAIL (Req): _____

CONTRACTOR INFORMATION

BUSINESS NAME: _____ PHONE #: _____

CONTACT NAME: _____ CELL #: _____

ADDRESS: _____ FAX #: _____

CITY, STATE, ZIP: _____ E-MAIL: _____

LICENSE HOLDER'S NAME: _____ FL LICENSE #: _____

Total Sq Footage of Roof: _____ Total Sq Footage of Repair: _____

Type of Roof: _____

Roof Slope: _____ Estimated Cost of Job: \$ _____

Describe Work: _____

FL PRODUCT APPROVALS / NOAs ATTACHED? _____ ROOF SLOPE DRAWING ATTACHED? _____

PLEASE NOTE: Neither affidavits nor pictures will be accepted in lieu of inspections. Please set up initial inspection(s) no later than the day before your job is set to begin by calling 386-763-5377. Ladders must be provided for each inspection or the inspection will fail and a re-inspection fee will be due. A list of required inspections will be provided at time of permit issuance.

FOR OFFICE USE ONLY	
_____ Current Volusia County Listing Card & _____ State license verified	_____ MC permit application
_____ Proof of Liability Insurance with the City of DBS listed as the certificate-holder	_____ BP permit application
_____ Proof of Workers' Compensation Insurance or Exemption	
_____ State license verified (when required)	Send/Sent to Fire Marshal? <input type="checkbox"/> <input type="checkbox"/> VCE/Turtle? <input type="checkbox"/> <input type="checkbox"/>

****BOTH OWNER AND CONTRACTOR MUST SIGN APPLICATION****

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 standard of all laws regulating construction in this jurisdiction.

OR THIS IS AN AFTER-THE-FACT PERMIT (Additional permit fees will apply)

I understand that separate permits will be required for ELECTRICAL OR MECHANICAL WORK, TRUSS REPLACEMENT ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating 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.

OWNER AND CONTRACTOR MUST SIGN APPLICATION

Any person who prescribes a false statement to a Notary Public is guilty of perjury.

OWNER/AGENT SIGNATURE _____

OWNER/AGENT'S NAME (PRINTED) _____

STATE OF _____ COUNTY OF _____

Affirmed and subscribed before me by means of physical presence or online notarization, this _____ day of _____ 20____, by _____, who is personally known to me or has produced _____.

_____ My Commission Expires:
Notary Public

CONTRACTOR'S SIGNATURE _____

CONTRACTOR'S NAME (PRINTED) _____

STATE OF _____ COUNTY OF _____

Affirmed and subscribed before me by means of physical presence or online notarization, this _____ day of _____ 20____, by _____, who is personally known to me or has produced _____.

_____ My Commission Expires:
Notary Public