



Permit Guide for Re-Roofing Permit

Department of Growth Management

July 2021

This guide provides the basic information necessary to enable the completion of a Building Permit Application for replacement of roofing materials permit.

Submittal Requirements Checklist:

1. Proof of property ownership. This can be a recorded deed, closing statement, or property tax information sheet.
2. Building Permit Application. This must be completed by the customer. A Permit Technician can help with any questions. This can be notarized in our office providing the form has not been signed.
3. Product Approval Sheet: Must be completed with manufacturer, product description and Florida approval number. This form must also be signed and dated.
4. Application for Roofing Permit. This is a questionnaire that must be completed and signed.

NOTES:

1. Some circumstances may require additional information to be submitted prior to a permit being issued.
2. Prior to calling for a Roofing Final Inspection, you must submit to the Okaloosa County Growth Management Department a completed "Inspection Affidavit Re-Roof" form.
3. Photographs of the roof, with the permit # or address clearly marked on
 - A. the deck of the roof, for the nailing pattern of the decking, and
 - B. the secondary water barrier (felt).
4. If an additional permit for roof to wall connections has been purchased, a completed "Inspection Affidavit Roof to Wall Connection" form must be submitted prior to requesting a Hurricane Clip Inspection and a Roofing Final Inspection. The work must be done by a licensed contractor other than a roofing contractor or the Homeowner acting as the contractor.

For further information, please contact one of our offices:

1250 Eglin Parkway N, Suite 301
Shalimar, FL 32679
850-651-7180

812 E James Lee Blvd (US 90 E)
Crestview, FL 32539
850-689-5080



Building Permit Application

Department of Growth Management

February 2022

BUILDING PERMIT #: _____ CUSTOMER #: _____

CHECK ONE: Commercial ☐ Residential ☐

Owner's Name: _____ Telephone #: _____
Owner's Address _____ Fax #: _____
Owner's E-mail Address: _____
City: _____ State: _____ Zip: _____

Contractor's Name: _____ Telephone #: _____
Contractor's E-mail Address: _____ Fax #: _____
Contractor's State Certification or Registration No: _____
Contractor's Certificate of Competency No: _____
Contractor's Address: _____
City: _____ State: _____ Zip: _____

Architect/Engineer's Name: _____
Architect/Engineer's Address: _____
City: _____ State: _____ Zip: _____

Legal Description: Lot: _____ Block: _____ Subdivision/PUD: _____
Job Name: _____
Job Address: _____
City: _____ State: _____ Zip: _____
Job Description: _____
Example: (SFD wood frame/metal frame/masonry etc.) (Commercial Retail masonry construction, single story etc.)

Parcel Identification Number (PIN): _____

Height of Structure: _____ No. of floors: _____ No. of units: _____
Total Square Footage: _____
(This is from outside of wall to outside of wall and includes garages, carports, porches, balconies, lanais etc.)

(Plans Examiner use only)

Plans Accepted _____ or Rejected: _____ (1st) _____ (2nd) _____ (3rd)

Occupancy Type/Use Classification: _____ Group: _____

Construction Type: IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐

Project is _____ is not _____ located in the Wind Borne Debris Region.

Fee Simple Title holder's Name (if other than owner): _____
Fee Simple Title holder's Address (if other than Owner's): _____
City: _____ State: _____ Zip: _____

Bonding Company: _____
Bonding Company Address: _____
City: _____ State: _____ Zip: _____

Mortgage Lender's Name: _____
Mortgage Lender's Address: _____
City: _____ State: _____ Zip: _____

Estimated Value: \$ _____ Total Value of Structure: \$ _____
(Cost of Construction Contract) (For additions, remodels and repairs to ensure compliance with NFIP requirements)

Zoning District: _____ Future Land Use: _____ Flood Zone Designation: _____
What is the current use of the existing building? _____
What is the proposed use? _____

Has the lot/parcel been split? Yes: ☐ No: ☐ If yes, when? _____

Variance: Yes: ☐ No: ☐ If yes, when? _____ Special Exception: Yes: ☐ No: ☐ If yes, when? _____

Parcel vacant? Yes: ☐ No: ☐ Easements on the property? Yes: ☐ No: ☐

Parcel located on Tidal Water? Yes: ☐ No: ☐ Parcel located on Non-Tidal Water? Yes: ☐ No: ☐

METAL ROOFS: Required Design Pressure _____ Design Pressure of proposed roof _____

NOTES:

A) All construction in hazardous flood zones requires the submittal of Elevation Certificates at the following times:

- At the time the building permit application is submitted (Construction Drawing EC)
- Before vertical construction commences (Building Under Construction EC); and
- When final inspections are requested (Finished Construction)

NOTE: Construction in the V Zone areas will require Elevation Certificates and V-Zone Design Certificates are required when application is submitted.

In addition to meeting the elevation requirements of the subject property's flood zone, residential finished floor elevations must also be constructed a minimum of 12" above the actual crown of the road abutting the subject property. If a residential structure is located in a non-hazardous flood zone, the finished floor elevation must be a minimum of 12' above the actual crown of the road abutting the subject property unless an exemption is granted by the County engineer pursuant to Section 6.02.03 of the Land Development Code.

- B) Applications for Threshold Buildings** shall have Certifications by the Architect, Engineer and Contractor attached hereto as required by Florida Statutes.
- C)** A certified survey or plot plan drawn to scale is attached hereto showing existing structures, new structures setbacks, easements etc.
- D)** For all commercial & industrial projects, site plan review & approval is required from the Planning Division & other departments as deemed applicable. This does not apply to interior remodeling.
- E)** The Building Code in effect as of the date of this application is the Florida Building Code 2020, which includes the Florida Energy Efficiency Code and the Florida Accessibility Code.

OWNER'S AFFIDAVIT

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work, 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 this jurisdiction. I understand that a separate permit must be secured for Electrical, Plumbing, Mechanical and Gas work, Signs, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioners etc.

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 OF YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature _____
Contractor/Owner _____ Date _____

NOTARY INFORMATION:

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ by _____, who is
(date) (name of person acknowledging)
personally known to me or who has produced _____ as
identification. (type of identification)

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

Title or rank)

(Serial number, if any)

STAFF ACCEPTANCE:

Name _____ Date _____



Application for Roofing Permit

March 2012

1. Is the Roof permit for "existing" or "new" construction?

- ☐ "New Construction" – New rules do not apply, ok to issue permit.
☐ "Existing Construction" – Go to question #2.

2. Is the Roof permit for a "Single Family Residential Structure"?

- ☐ "No" - New rules do not apply, ok to issue permit.
☐ "Yes" - Got to question # 3.

3. Are they "Stripping the old roof off" or "Covering over the existing roof (also known as roof-over)"?

- ☐ "Covering over existing roof" (per the Florida Building Code this is allowed 1 time) – New rules do not apply, ok to issue permit.
☐ "Stripping old roof off" – Go to questions #4.

4. Was the house built after 3/1/02?

- ☐ "Yes" – New rules do not apply, ok to issue permit.
☐ "No" – New rules apply. The contractor must check the nail pattern and make corrections if necessary. (Max spacing 6" on center on the edges and in the plane). They must also provide a secondary water barrier. Give the applicant a copy of the roofing affidavit to complete and turn back in prior to the roof final inspection.

5. Is the house in the "Wind-borne Debris region?"

- ☐ "No" – OK to issue permit under conditions outlined in #4.
☐ "Yes" – Go to question #6.

6. Is the Just Market Value or Insured Value of the house \$300,000 or more? (You can verify using the Property Appraiser's web site.)

- ☐ "No" – OK to permit under conditions outlined in #4.
☐ "Yes" – Roof to wall connections shall be improved up to 15% of the cost of the re-roofing by a General Contractor, Building Contractor or Residential Contractor as required by Section 201.3 of the Hurricane Mitigation Manual.

A separate permit is required for this work. An evaluation detailing the mitigation work to be done must be submitted along with the roof to wall connection permit application. This evaluation must be done by an Architect, Engineer, General Contractor, Building Contractor or Residential Contractor. A Hurricane Clip inspection is required for this permit.

Signature of Person Completing Form (11-7-07)

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 & Florida Administrative Code 9B-72, please provide product numbers as applicable to project. Product suppliers should provide approval number for purchased items.

Category/Subcategory	Manufacturer	Product Description	Design Pressure +/-	Wind Borne Debris Protection	Approval Number(s)
3. PANEL WALL					
A. SIDING					
B. SOFFITS					
C. EIFS					
D. STOREFRONTS					
E. CURTAIN WALLS					
F. WALL LOUVER					
G. GLASS BLOCK					
H. MEMBRANE					
I. GREENHOUSE					
J. OTHER					
4. ROOFING PRODUCTS					
A. ASPHALT SHINGLES					
B. UNDERLAYMENTS					
C. ROOFING FASTENERS					
D. METAL ROOFING					
E. WOOD SHINGLES					
F. ROOFING TILES					
G. ROOFING INSULATION					
H. WATERPROOFING					
I. BUILT UP ROOFING					
J. MODIFIED BITUMEN					
K. SINGLE PLY ROOF					
L. ROOFING SLATE					
M. CEMENTS-ADHESIVES					
N. LIQUID APPLIED ROOF SYSTEMS					
O. ROOF TILE ADHESIVE					
P. SPRAY APPLIED POLYURETHANE ROOF					
Q. OTHER					

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.



APPLICANT SIGNATURE

DATE



Inspection Affidavit Re-Roof

March 2012

Permit # _____

I _____, licensed as a(n) Contractor*/Engineer/Architect, or FS 468 Building Inspector*
(print name) (circle license type)

License # _____ On or about _____, did personally inspect the **roof deck nailing**
(date & time)

and/or secondary water barrier work at _____
(job location)

Based upon examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (FS 553.844)

NOTE:

1. If the home is in the wind-borne debris area and valued at \$300,000 or more, an additional affidavit from a structural contractor, engineer, or architect is required.
2. This form must be on file in the Okaloosa County Growth Management department prior to calling for a Roof Final Inspection.
3. Photographs of the roof with the permit # or address clearly marked on the deck of the roof for each type inspection.

Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____ by

_____.

Personally Known _____
Produced Identification _____
Type of Identification _____

Notary Public, State of Florida, Signature

(Seal)

*General, Building, Residential or Roofing Contractor or any individual certified under FS 468 to make such an inspection.



Inspection Affidavit Roof to Wall Connections

March 2012

Permit # _____

I _____, licensed as a(n) Contractor*/Engineer/Architect, or FS 468 Building Inspector*
(print name) (circle license type)

License # _____ On or about _____, did personally inspect the **roof to wall**
(date & time)

connections work at _____
(job location)

_____ Based upon examination I have determined the existing roof to wall connections were adequate according to the Hurricane Mitigation Retrofit Manual (FS 553.844)

_____ I made the necessary corrections to comply with the Hurricane Retrofit Manual (FS 553.844).

NOTE: This form must be on file in the Okaloosa County Growth Management department prior to calling for a Hurricane Clip Inspection.

Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____ by

_____.

Personally Known _____
Produced Identification _____
Type of Identification _____

Notary Public, State of Florida, Signature

(Seal)

*General, Building, Residential or Roofing Contractor or any individual certified under FS 468 to make such an inspection.