



**Bradford County  
Building & Zoning**  
945-F North Temple Ave.  
Starke, FL 32091  
Phone: 904-966-6223



## ROOFING APPLICATION

**DOCUMENTS REQUIRED:**

- A COMPLETELY FILLED OUT APPLICATION.
- The owner or Roofing Contractor must pull the permit.
- A recorded Notice of Commencement signed by the owner must be recorded at the Clerk of Court (\$10fee) for projects over \$2,500.00
- Florida Product Approval forms must be attached to the application.
- Warranty Deed
- Properly sized PORT-A-LET must be on site before 1st inspection for jobs that will last more than 1 day. *If owner agrees to allow their personal bathroom(s) to be used please have them sign/print.*  
SIGN: \_\_\_\_\_ PRINT: \_\_\_\_\_

PERMIT #: \_\_\_\_\_ FEE OWED: \_\_\_\_\_ PARCEL # \_\_\_\_\_

PERMIT TYPE: Re-roof or Roof over (circle one)

Property Owner: _____	Contractor Name: _____
Mailing Address: _____	Business Name: _____
Phone: _____	Phone: _____ Cell: _____
Cell: _____	License #: _____
911/Site Address: _____	Estimated Cost: _____
	Squares & Gage: _____

*Admin Review Y/N*

Description of Work: \_\_\_\_\_  
Product App #'s: \_\_\_\_\_ FPL or CLAY ELECTRIC (circle one)

Direction to Job (if new Construction): \_\_\_\_\_

*Application is hereby made to obtain a permit to do the work and installation 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 this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks, and air cond. etc*

**Owners/Contractor Affidavit:** I \_\_\_\_\_ certify that all the foregoing information is accurate and true, and that all work will be done in compliance with all applicable laws regulating construction, contractor licensing and zoning. I am responsible for the supervision and completion of the construction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Personally known or Produced ID, type of ID \_\_\_\_\_

Notary Signature \_\_\_\_\_ Date: \_\_\_\_\_





**BRADFORD COUNTY  
BUILDING DEPARTMENT**  
**945 NORTH TEMPLE AVENUE STARKE FL 32091**  
**OFFICE# 904-966-6223 FAX# 904-966-6220**  
**rod\_crawford@bradfordcountyfl.gov**  
**aleshia\_martin@bradfordcountyfl.gov**



**REROOFING INSPECTION AFFIDAVIT**

RE: Permit # \_\_\_\_\_ Jobsite Address: \_\_\_\_\_

I \_\_\_\_\_, licensed as a Division-1 or Roofing Cont. ,Architect ,Engineer ,Inspector-FS.468\*  
(Please Print Name)(Please Underline All That Apply)

License #: \_\_\_\_\_ On or about \_\_\_\_\_, I did personally  
(Date & Time)

inspect the} (roof deck attachment)--and--or--(secondary water barrier installation)--or--(condition of existing 1 layer roofing)  
{existing roofing as secondary water barrier}

Roof Deck: (OSB) or (CDX) or (Planking) Thickness\_\_\_\_\_ Product used for secondary water barrier\_\_\_\_\_

Any rotten wood found was replaced as per FBC-EB Section 611 and crickets or saddles were installed on the ridge side of any chimney over 30 inches in width and was flashed per FBC-RES. 905.2.8.3.

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S. Windstorm Loss Mitigation) and the FBC-EB Section 611

\_\_\_\_\_  
Signature of Contractor, Design Professional or FS 468 Building Inspector

STATE OF FLORIDA  
COUNTY OF BRADFORD

SWORN AND SUBSCRIBED BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2\_\_\_\_\_

BY \_\_\_\_\_  
(WHO IS PERSONALLY KNOWN TO ME) OR HAS (PRODUCED FI. IDENTIFICATION)

\_\_\_\_\_  
(TYPE OF IDENTIFICATION)

(SEAL ABOVE)

\_\_\_\_\_  
Notary Public, Commission No. \_\_\_\_\_  
(Name of Notary typed, printed, or stamped)

\* A Division 1 Contractor ,Roofing Contractor ,Architect ,Engineer or Inspector Licensed under FS. 468 may perform the inspection.