

RESIDENTIAL ONLY RE-ROOF APPLICATION

Submit application to digitalpermits@orlando.gov

For efficient processing, please reference "New Permit" in the Subject Line *Required Fields



Date: _____

*Job Site Address or Parcel ID #: _____

*Digital Applicant/Primary Contact: _____ *Phone: _____

*Email: _____

PROPERTY

*Job/Project Name: _____

*Property Owner Name: _____

Property Owner Email: _____

*Address: _____ Phone: _____

Business Owner Name: _____

Address: _____ Phone: _____

CONTRACTOR

Name: _____

Address: _____

Email: _____

Company Name: _____

Company Address: _____ Phone: _____

PROFESSIONALS

Architect/Engineer's Name: _____ Phone: _____

Bonding Company Name & Address: _____

Fee Simple Titleholder's Name & Address (if other than owner): _____

Mortgage Lender's Name & Address: _____

WORK DESC.

*Include description of re-roof type:

Related to Code Enforcement Action? Yes No Estimated construction cost \$ _____

*Sq feet: _____

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 City of Orlando. I understand that a separate permit must be secured for MECHANICAL, ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, 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.

ECONOMIC DEVELOPMENT • PERMITTING SERVICES
400 South Orange Avenue • First Floor PO Box 4990 • Orlando, FL 32802-4990
P 407.246.2271 • F 407.246.3420 • Orlando.gov/permits

WARNING TO OWNER

YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN 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. IF THE ESTIMATED COST OF THIS JOB IS GREATER THAN \$5,000 A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE FILED WITH PERMITTING SERVICES PRIOR TO SCHEDULING YOUR FIRST INSPECTION.

If you are not the owner of the property being permitted, you must, by law (FS 713.135 (c)) promise to inform the fee simple titleholder that the property in question is being subjected to possible liens and/or attachment.

Property Address: _____ Phone: _____
Permit #: _____ (if applicable)

*Property Owner Signature _____ Date: _____

Print Name _____ (Owner)

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____, day of _____, 202_, by _____ as _____, a Florida _____, on behalf of the company, who is personally known to me or has produced _____ (type of identification) as identification.

Notary Public Signature

Print Name: _____ My Commission Expires: _____

PROPERTY OWNER

*Contractor Signature _____ Date: _____

Print Name _____ (Contractor)

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____, day of _____, 202_, by _____ as _____, a Florida _____, on behalf of the company, who is personally known to me or has produced _____ (type of identification) as identification.

Notary Public Signature

Print Name: _____ My Commission Expires: _____

CONTRACTOR

CERTIFICATE OF COMPETENCY HOLDER

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

OWNER'S ELECTRONIC SUBMISSION STATEMENT:

Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

For plan review status, inspection scheduling/results and other permitting information, visit online at orlando.gov/permits, or please call "PROMPT", our Interactive Voice Response system at 407.246.4444.

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Scope of Work Re-Roofing

Complete and submit with your application.

Permit #: _____ Date: _____

Job Address: _____

Re-roof Type: Replacement - remove existing and replace Re-cover - new roof over existing
Note: If damaged decking replacement is required, an inspection is required.

Special Notes: _____

Number of Stories: Single-story Two or more stories

Skylights: Yes No

Type of Roof & Florida Product Approval numbers:

Coating only	FL #: _____	Smooth Surfaced Built-up	FL #: _____
Underlayment	FL #: _____	Built-up with Aggregate	FL #: _____
Fiberglass Shingle	FL #: _____	Tile	FL #: _____
Wood Shingle or Shake	FL #: _____	Metal - Direct Attachment	FL #: _____
Modified Bitumen	FL #: _____	Metal with Purlins	FL #: _____
EDPM - Hypalon or PVC one ply	FL #: _____	Other	_____

Slope of Roof: Less than 2:12* 2:12 - 4:12** 4:12 or greater

**No shingle application allowed*

***Multi-layered underlayment required*

Ventilation: Turbines qty _____ Off-ridge vent qty _____ Powered vent qty _____
 Ridge vent length _____ Other/Unvented: _____

Flashing: Use existing Repair existing flashing Replace all flashing
 Replace w/L-flashing Replace with step flashing

Drip Edge: Use existing Repair existing drip edge Replace all drip edge

Valley Treatment: Use existing valley New metal New mineral surface

Note: The following information is required on site for final inspection:

1. This scope of work form with the signed and notarized roofing affidavit.
2. Florida product approval installation instructions or site-specific engineering for all products used on the job. Please ensure exact manufacture products match application in field.
3. All submitted permit documentation on site and visible from the street.

Note: Two inspections required for this permit:

*Exterior dry in in-progress,
Inspection Code 125*

Final Inspection Code 600