



PERMIT APPLICATION  
**ROOF**  
 FBC 5<sup>th</sup> Edition 2014  
TYPE OR PRINT IN INK ONLY

**Permit Number**  
 Residential       Commercial  
 Parcel ID#

CITY OF DELTONA  
 BUILDING AND ENFORCEMENT SERVICES  
 2345 PROVIDENCE BLVD  
 DELTONA, FL 32725  
 Telephone 386-878-8650 Fax 386-878-8651

City of Deltona Automated Inspection System  
**(386) 575-6900 – (407) 936-9999**

Property Owner's Name \_\_\_\_\_ Telephone-- Include Area Code \_\_\_\_\_

Project Address – Include City & Zip \_\_\_\_\_

Contractor's Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address – Include City & Zip \_\_\_\_\_ Fax \_\_\_\_\_

License Holder's Name \_\_\_\_\_ License # \_\_\_\_\_ E-mail \_\_\_\_\_

**\*Underlayment SHALL be in compliance with R905.2.7**  
**BUILDING TYPE:** \_\_\_\_\_ **Master File #** \_\_\_\_\_ **PRODUCT APPROVAL #FL** \_\_\_\_\_

ROOF AREA	ROOF TYPE	TYPE	ROOF PITCH
_____	<input type="checkbox"/> Shingle – Architectural <input type="checkbox"/> Metal <input type="checkbox"/> Shingle – 3 Tab <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	<input type="checkbox"/> Reroof <input type="checkbox"/> Roof-over _____ <small>(Layers)</small>	” _____ 
TOTAL Sq. Ft. _____			

**ESTIMATED VALUATION \$** \_\_\_\_\_

\_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (Contractor's signature to be Notarized)

**STATE OF FLORIDA, COUNTY OF** \_\_\_\_\_

Affirmed and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ (type of ID) identification.

\_\_\_\_\_  
 Signature of Notary Public State of Florida

\_\_\_\_\_  
 Print, Type or Stamp Name of Notary (SEAL)

The applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipal Agency, or Inspector; and certifies that all of the above information is accurate. When requesting inspections you must have the permit number, confirmation number, and the inspection code(s) ready; call 386-575-6900 or 407-936-9999. Inspections requested by 12:00 midnight will be done the next business day.

**PERMIT EXPIRATION:** permit expires 180 days from date issued unless otherwise noted below or governed by law.

**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.**

**APPROVAL CONDITIONS:** This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

PERMIT ISSUED BY MUNICIPAL AGENT \_\_\_\_\_ DATE \_\_\_\_\_