



City of Naples - Building Department

295 Riverside Circle | Naples, Florida 34102
Phone: (239) 213-5020
www.naplesgov.com

**ROOF REPLACEMENT
PERMIT APPLICATION**

Florida Building Codes, 7th Edition

Job Information:

Permit Application #: _____

Tax/Folio#: _____ Legal Description: _____

Job Address: _____

Property Owner: _____

Mailing Address: _____

Est. Cost: \$ _____ # of squares: _____ Permit Expiration Date: _____

Roof Covering Type 1: _____

Roof Structure: Wood truss/framing Metal truss/steel joist Concrete

Roof Decking: Wood deck Metal deck Concrete deck Rigid insulation

Roof Covering Type 2: _____

Roof Structure: Wood truss/framing Metal truss/steel joist Concrete

Roof Decking: Wood deck Metal deck Concrete deck Rigid insulation

Roof Covering Type 3: _____

Roof Structure: Wood truss/framing Metal truss/steel joist Concrete

Roof Decking: Wood deck Metal deck Concrete deck Rigid insulation

With stands for A/C condensing units: Yes No

Multi-Family/Commercial: Yes No

If either "Yes" box is checked, application must be reviewed.

Proprietary Roof System: Yes No

MFR's NDL Warranty: Yes No

NDL Term: _____ years (Note: Manufacturer's Warranty Card required for proprietary systems prior to issue of a C/O or C/C)

Description of Work: _____

Contractor Information:

Contractor: _____ State Cert/CC Comp Card #: _____

Qualifier's Name: _____ Phone #: _____

Email Address: _____

Address: _____
City State Zip

Sub-Contractor information must be supplied if other work will be performed.

Electrical: _____ State Cert/CC Comp Card #: _____

Address: _____

Mechanical: _____ State Cert/CC Comp Card #: _____

Address: _____

NOTE: PORT ROYAL (R-1-15A ZONING DISTRICT) deed restrictions prohibit the installation of metal roof systems. Contractors should contact the Port Royal Property Owners Association (239) 261-6472 for approval prior to permitting.

Regulations and Information:

1. **One set of plans with the product N.O.A. or P.A. documentation must be included with permit application.**
2. Engineering must be provided when changing roof type from shakes, shingles or metal to tile.
3. Check with the respective property owners association for deed restrictions.
4. The fee for this permit is \$8.00 per square. The minimum fee shall be \$100.00. Initial Required Building & Fire Code Inspections: \$35.00 each inspection.
5. In all zone districts except C3, C4 and I, heating, ventilating and air conditioning equipment and ductwork and the like located on building rooftops shall be shielded from ground level view within 1,000 feet of the building. If shielding cannot be accomplished by judicious placement of the equipment, ornamental screening visually compatible with the building is required.
6. Where stands for A/C Condensing units are involved, roof permits will go through the plan review process. Signed and sealed plans will be required to show wind load design and attachment for the stands. Where stands for A/C condensing units are involved and for all Multi-Family and Commercial projects, all roof covering and equipment stand product approvals will be reviewed. Design pressures signed and sealed by a design professional shall be required for all roof zones in accordance with ASCE7-10.
7. Owner-builders must sign an affidavit.

Recorded Notice of Commencement must be posted if the project valuation exceeds \$2,500.00
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Contractor's Affidavit:

I certify that all the foregoing information is accurate and that all work must be done in compliance with all applicable laws regulating construction and zoning. I understand **THERE WILL BE A FINAL INSPECTION** of the work permitted herein. Compliance will be strictly enforced. **No work whatsoever will commence until the building permit has been issued.**

- The permit fee will be doubled if work is started without an approved permit.

Print Name of Qualifier

Signature of Qualifier

State of Florida

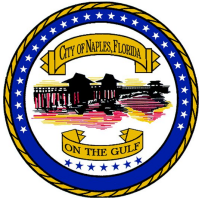
County of _____

The foregoing instrument was acknowledged before me by means of ___physical presence or ___online notarization this ___ day of _____, 20___ by _____, who is ___personally known to me or ___has produced _____ as identification.

(Seal)

Signature, Notary Public - State of Florida

Printed, Typed, or Stamped Name of Notary



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INSPECTION AFFIDAVIT

RE: Permit Application Number: _____

I, _____ licensed as a(n) _____ * Contractor Engineer Architect
(Please print name and check Lic. Type) *FS 468 Building Inspector

License #: _____

On or about _____, I did personally inspect the roof deck nailing and/or
(Date & Time)
 secondary water barrier work at _____
(Job Site Address)

Based upon that examination, I have determined the installation was done in accordance with Florida Building Codes, 7th Edition.

Signature

STATE OF FLORIDA
COUNTY OF _____

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

Notary Public, State of Florida

Print, type or stamp name)

Commission No.: _____

Personally known _____ or
Produced Identification _____
Type of identification produced. _____

*General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.



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ROOF TO WALL CONNECTION AFFIDAVIT

7th Edition Florida Existing Building Code Section 706.8

Where required by Sec 706.8, the intersection of roof framing with the wall below shall be strengthened by adding metal connectors, clips, straps and fasteners such that the performance level equals or exceeds the uplift capacities as specified in Table 706.8.1

PERMIT APPLICATION NUMBER _____

I _____ **LICENSE #** _____
Please Print Name and Check License Type

Licensed as a: Contractor Registered Florida Design Professional

do affirm and certify that the roof -to-wall connections for the structure located at:

(address) _____, were examined by me and I have determined that the installation was done in accordance with the 7th Edition Florida Building Code- Existing Building, Sec 706.8.1.

- The existing roof-to-wall connections were conforming and did not require strengthening.
- Prescriptive retrofit solutions as provided in FBC-Existing 706.8.1.3 through 706.8.1.6 were Installed under my supervision. (This may be used by contractor or design professional. Prescriptive retrofit solutions cannot be used for tiedown strapping at truss girders or for truss spans over 40 feet)
- Site-specific engineered connections were designed by me and installed under my supervision. (This may only be used by design professional)

Qualifiers Signature _____ Date _____

NOTARY

STATE OF FLORIDA COUNTY OF _____

Sworn to 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 _____ as identification.

Notary sign/seal _____

Commission No.: _____