



## **CITY OF DESTIN** **BUILDING DIVISION**

### **Q/A for Re-Roof Application Permit**

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” – Go to question #3.

3. **Are they “Stripping the old roof off” or “Covering over the existing roof”?**

\_\_\_ “Covering over existing roof” – 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 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.

**\*\*\*\*\* INSPECTIONS REQUIRED: One In Progress and Final \*\*\*\*\***



# Community Development Department Building Division

4200 Indian Bayou Trail, Destin, Fl. 32541  
Ph: (850) 654-1119 Fax: (850) 837-7949

## Roof Permit Application

DATE: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_

PARCEL ID: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

CONTRACTOR CO. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

QUALIFIER NAME: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_ COMP#: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOBILE/CELL: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

FEE SIMPLE TITLEHOLDER'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

(If other than owner)

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MOBILE/CELL: \_\_\_\_\_

ARCHITECT/ENGINEER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

BONDING COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

MORTGAGE LENDER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DESCRIPTION OF WORK TO BE DONE: \_\_\_\_\_

PERMIT TYPE:  New  Re-Roof CATEGORY:  Residential  Commercial Height: \_\_\_\_\_ Story: \_\_\_\_\_

CODE YEAR EDITION: FBC/RBC \_\_\_\_\_

TOTAL VALUE (MATERIAL & LABOR): \_\_\_\_\_ TOTAL SQUARE'S: \_\_\_\_\_

(excluding lot)

**FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.**

AS REQUIRED BY FLORIDA STATUTE 553.842 AND FLORIDA ADMINISTRATIVE CODE 9B-72, PLEASE PROVIDE THE INFORMATION AND APPROVAL NUMBERS ON THE BUILDING COMPONENTS IF THEY WILL BE UTILIZED ON THE CONSTRUCTION PROJECT FOR WHICH YOU ARE APPLYING FOR A BUILDING PERMIT.

Underlayment (SWB): \_\_\_\_\_ Manufacture: \_\_\_\_\_ Approval # \_\_\_\_\_

Roof Product Description: \_\_\_\_\_ Manufacture: \_\_\_\_\_ Approval # \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_ (Building Div. - Permit Officer) Date: \_\_\_\_\_

Applicants Printed Name: \_\_\_\_\_

Received By: \_\_\_\_\_ (initials) Date: \_\_\_\_\_

**CITY OF DESTIN - BUILDING DIVISION**

**PERMIT APPLICATION**

**NOTICE TO OWNER / CONTRACTOR**

JOB SITE ADDRESS: \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_

PAECEL ID: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installation as indicated. ***I certify that no work or installation has been commenced prior to issuance of a permit*** and that all work will be performed to meet all codes, standards and laws governing construction in this jurisdiction. I also certify that all required insurances for me and any trades are in accordance with state laws. I understand that a separate permit must be secured for **BUILDING, ELECTRICAL WORK, PLUMBING, MECHANICAL, ROOFING, SIGNS, POOLS and Right of Way (ROW) CONSTRUCTION**, etc.

**OWNER / CONTRACTOR 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 per State and City of Destin.

If the direct contract is greater than \$2500, the applicant/owner must file a NOTICE OF COMMENCEMENT.

**“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.”**

**FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.**

Must be signed in presence of a Notary

\_\_\_\_\_  
Signature Date  
Owner or Agent (including contractor)

\_\_\_\_\_  
Signature Date  
Contractor

STATE OF FLORIDA  
COUNTY OF OKALOOSA  
Sworn to (or affirmed) and subscribed  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is known  
to me or has produced \_\_\_\_\_  
as identification.

STATE OF FLORIDA  
COUNTY OF OKALOOSA  
Sworn to (or affirmed) and subscribed  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is known  
to me or has produced \_\_\_\_\_  
as identification.

\_\_\_\_\_  
Notary Signature as to Owner Date

\_\_\_\_\_  
Notary Signature as to Contractor Date

SEAL:

SEAL:



**CITY OF DESTIN**  
**BUILDING DIVISION**

RE: Permit # \_\_\_\_\_

**Inspection Affidavit – Re-roof**

(EFFECTIVE DATE: OCTOBER 1, 2007)

I \_\_\_\_\_, licensed as a(n) Contractor\* /Engineer/Architect,  
(please print name and circle 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 (see attached photo's)

work at \_\_\_\_\_.  
(Job Site Address)

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.) Note: If the house value is \$300,000 or more, an additional affidavit from a structural contractor, engineer, or architect is required for roof to wall connections.

\_\_\_\_\_  
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. **The Building Division requires you to call for one in progress inspection, and a final inspection which shall be accompanied with said pictures.**



**CITY OF DESTIN**  
**BUILDING DIVISION**

RE: Permit # \_\_\_\_\_

**Inspection Affidavit – Roof to Wall Connections**

(EFFECTIVE DTAE: OCTOBER 1, 2007)

I \_\_\_\_\_, licensed as a(n) Contractor\* /Engineer/Architect, or  
(please print name and circle License Type) FS 468 Building Inspector\*

License #; \_\_\_\_\_

On or about \_\_\_\_\_, I did personally inspect the roof to wall  
(Date & time)

connections work at \_\_\_\_\_,  
(Job Site Address)

\_\_\_\_\_ Based upon examination I have determined the existing roof to wall connections were adequate according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

\_\_\_\_\_ I made the necessary corrections to comply with the Hurricane Mitigation Retrofit Manual.

\_\_\_\_\_  
Signature

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

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

By \_\_\_\_\_.

Notary Public, State of Florida

\_\_\_\_\_  
(Notary Signature)

(SEAL)

Personally known \_\_\_\_\_ or

Produced Identification \_\_\_\_\_

Type of identification produced. \_\_\_\_\_

\* General, Building, Residential, or any individual certified under 468 F.S. to make such an inspection. **This form must be on file at the Building Division prior to calling for a Hurricane Clip Inspection.**