

CITY OF NICEVILLE BUILDING PERMIT

WARNING TO OWNER (F.S. 713.135): 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.

PARCEL ID # _____

LEGAL DESCRIPTION _____

JOB ADDRESS _____

OWNER NAME AND ADDRESS _____

CONTRACTOR NAME AND PHONE NUMBER _____

CONTRACTOR ADDRESS _____

ENGINEER/ARCHITECT NAME (if applicable) _____

ADDRESS _____

ESTIMATED COST OF JOB: \$ _____

TYPE OF WORK:

- | | |
|--|--------------------------------|
| 1. ___ NEW SINGLE FAMILY RES. TOTAL SQ. FT. _____ | 6. ___ RE-ROOF |
| 2. ___ ADDITION TO EXISTING SFR TOTAL SQ. FT. _____ | 7. ___ SHED |
| 3. ___ ALTERATION TO EXISTING SFR | 8. ___ DETACHED GARAGE |
| 4. ___ REPAIR OF AN EXISTING SFR | 9. ___ POOL |
| 5. ___ FENCE (fence height _____) | 10. ___ OTHER (describe below) |

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENCIES.

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ON THIS CITY OF NICEVILLE BUILDING PERMIT APPLICATION IS A TRUE AND CORRECT DESCRIPTION OF THE PROPOSED WORK TO BE DONE AND THAT ANY CHANGES NOT APPROVED BY THE BUILDING OFFICIAL OR FIRE INSPECTOR WILL RENDER THE BUILDING PERMIT ON THE APPLICATION NULL AND VOID.

APPLICANT SIGNATURE		DATE	
BUILDING OFFICIAL SIGNATURE		DATE	
FIRE INSPECTOR SIGNATURE		DATE	

PERMIT FEE	\$
RADON GAS FUND	\$
TOTAL	\$

PRODUCT APPROVAL SPECIFICATION SHEET

APPLICANT SIGNATURE

DATE

As required by Florida Statute 553.842 & Florida Administrative Code 9B-72, please provide product numbers as applicable to project. Product suppliers should provide approval number for purchased items.

3. Category/Subcategory	Manufacturer	Product Description	Design Pressure +/-	Wind Borne Debris Protection	Approval Number(s)
A. SIDING					
B. SOFFITS					
C. EIFS					
D. STOREFRONTS					
E. CURTAIN WALLS					
F. WALL LOUVER					
G. GLASS BLOCK					
H. MEMBRANE					
I. GREENHOUSE					
J. OTHER					
4. ROOFING PRODUCTS					
A. ASPHALT SHINGLES					
B. UNDERLAYMENTS					
C. ROOFING FASTENERS					
D. METAL ROOFING					
E. WOOD SHINGLES					
F. ROOFING TILES					
G. ROOFING INSULATION					
H. WATERPROOFING					
I. BUILT UP ROOFING					
J. MODIFIED BITUMEN					
K. SINGLE PLY ROOF					
L. ROOFING SLATE					
M. CEMENTS-ADHESIVES					
N. LIQUID APPLIED ROOF SYSTEMS					
O. ROOF TILE ADHESIVE					
P. SPRAY APPLIED POLYURETHANE ROOF					
Q. OTHER					

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite: 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

APPLICANT SIGNATURE

DATE

Application for Roofing 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 house in the “Wind-borne Debris region?”

“No” – OK to issue permit under conditions outlined in #4.

“Yes” – Go to question #6.

6. 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.

Signature of person completing this form.

**CITY OF NICEVILLE
BUILDING DEPARTMENT**

RE: Permit # _____

Inspection Affidavit – Re-roof

I _____, licensed as a (an) 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 deck nailing**
(date & time)

And/or secondary water barrier work at _____,
(Circle one or both) (Job Site Address)

Based upon examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Note: If house is in the wind-borne debris area and valued at \$300,000 or more, an additional affidavit from a structural contractor, engineer, or architect is required.

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 Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. This form must be on file at the Building Department prior to calling for a Roof Final Inspection. **Include photographs of the roof with the permit # or address # clearly shown marked on the deck for each type of inspection.**

**CITY OF NICEVILLE
BUILDING DEPARTMENT**

RE: Permit # _____

Inspection Affidavit – Roof to Wall Connections

I _____, licensed as a (an) 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 Department prior to calling for a Hurricane Clip Inspection.**