



**Community Development Department  
Building Safety Division  
840 West 11<sup>th</sup> Street  
Panama City, FL 32401  
850-248-8350**

**Form B19R**

**ROOF PERMIT APPLICATION**

Residential                       Commercial

<b>Property Owner</b>	Property Owner Name:		Phone:	
	Property Street Address:		Unit:	
	Property City:	State:	Zip:	
	Parcel ID:	Property Owner Email:		
<b>Contractor Info</b>	Contractor Company Name:		Phone:	
	Contractor Email:			
	Primary Point of Contact (for Inspection Purposes):			
	Point of Contact Email:		Phone:	
	Florida Contractor License or Bay County Competency Card Number:			

<b>Job Value: \$</b>	<input type="checkbox"/> Replacement – (remove existing and install new)	<input type="checkbox"/> Re-cover (new roof over existing)
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Engineer Letter is <b>REQUIRED</b> for Mobile Home Roof Re-Cover	
Squares (10 ft x 10 ft):	Square Footage:	
Roof Covering Material:	Skylights: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Stories: <input type="checkbox"/> Single <input type="checkbox"/> Two or More	Attic Ventilation Type:	
Other:		

<b>Use:</b>
<b>Scope of Work:</b>
Note: <b>FBC 107.3.5 EXEMPT FROM PLAN REVIEW:</b> <b>Residential only - Residential reroofs – roof application and product approval documents must be complete and submitted at the time of permit application.</b>

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CONTRACTOR - PRINTED NAME

\_\_\_\_\_  
OWNER – PRINTED NAME

\_\_\_\_\_  
CONTRACTOR - SIGNATURE - DATE

\_\_\_\_\_  
OWNER - SIGNATURE - DATE