



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

Form B19R

ROOF PERMIT APPLICATION

Residential Commercial

Property Owner	Property Owner Name:		Phone:	
	Property Street Address:		Unit:	
	Property City:	State:	Zip:	
	Parcel ID:	Property Owner Email:		
Contractor Info	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:			

Job Value: \$	<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 REQUIRED 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:		

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

CONTRACTOR - PRINTED NAME

OWNER – PRINTED NAME

CONTRACTOR - SIGNATURE - DATE

OWNER - SIGNATURE - DATE



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Form B37

Florida Product Approval Affidavit

In complying with Florida Law and Chapter 17 of the Florida Building Code, I _____ as the contractor/builder, attest the structure to be built or renovated at _____ will comply with the established standards for performance of products and materials set forth by the product approval guidelines as required by 553.842 [Florida Statute](#) and 61G20-3 [Florida Administrative Code](#).

Information and approval numbers of the building components will be available at the time of inspection of these products 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; and 3) copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection. **A copy of the completed Product Approval Specification Sheet will be returned to Bay County Builders Services before a Certificate of Occupancy will be issued.**

Contractor/Builder signature

Date



PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute and the Florida Administrative Code, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. Exterior Doors			
A. Swinging			
B. Sliding			
C. Sectional			
D. Roll-up			
E. Automatic			
F. Other			
2. Windows			
A. Single Hung			
B. Horizontal Slider			
C. Casement			
D. Double Hung			
E. Fixed			
F. Awning			
G. Pass Through			
H. Projected			
I. Mullion			
J. Wind Breaker			
K. Dual Action			
L. Other			
3. Panel Walls			
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. Non-Structural Metal Roofing			
E. Wood Shingles and Shakes			
F. Roofing Tiles			
G. Roofing Insulation			
H. Waterproofing			



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Form B38

I.	Built Up Roofing Roof Systems		
J.	Modified Bitumen		
K.	Single Ply Roof Systems		
Category/Subcategory		Manufacturer	Product Description
L.	Roofing Slate		
M.	Cements-Adhesives Coatings		
N.	Liquid Applied Roof Systems		
O.	Roof Tile Adhesive		
P.	Spray Applied Polyurethane Roof		
Q.	Other		
5. Shutters			
A.	Accordion		
B.	Bahama		
C.	Storm Panels		
D.	Colonial		
E.	Roll-up		
F.	Equipment		
G.	Other		
6. Skylights			
A.	Skylight		
B.	Other		
7. Structural Components			
A.	Wood Connectors/ Anchors		
B.	Truss Plates		
C.	Engineered Lumber		
D.	Railing		
E.	Coolers-Freezers		
F.	Concrete Admixtures		
G.	Material		
H.	Insulation Forms		
I.	Plastics		
J.	Deck Roof		
K.	Wall		
L.	Sheds		
M.	Other		
8. New Exterior Envelope Product			

The products manufacturer, description, and approval numbers can be obtained from the [DBPR Florida Building Commission website](http://www.floridabuilding.org) for product approval. Please include any decimal points. 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; and 3) copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Applicant Signature

Date



NOTICE OF COMMENCEMENT

Permit No. _____ Tax Folio No. _____
State of Florida
County of Bay

To Whom It May Concern:
The undersigned hereby gives **Notice** that improvement will be made to certain real property, and in accordance with [Chapter 713](#), Florida Statutes, the following information is provided in this [Notice of Commencement](#).

Description of property (legal description of the property, and street address if available): _____

General description of improvement: _____

Owner Name: _____

Address: _____

Owner's interest in site of the improvement: _____

Fee Simple Titleholder Name: _____

Address: _____

Contractor Name: _____

Address: _____

Phone Number: _____

Payment Bond Surety: _____

Address: _____

Phone Number: _____ Amount of Bond: \$ _____

Lender Name: _____

Address: _____

Phone Number: _____

Person within the State of Florida designated by Owner upon whom **Notices** or other documents may be served as provided by Section 713.13(1) (a) 7., Florida Statutes:

Name _____

Address _____

Phone Number: _____

In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's **Notice** as provided in Section 713.13(1) (b), Florida Statutes. Phone Number: _____

Expiration date of **Notice of Commencement** is one (1) year from date of recording unless a different date is specified _____

Signature of Owner

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____ (name of person making statement).

Signature of Notary Public (State of Florida)

NOTARY SEAL

Personally, Known _____ or Produced Identification _____
Type of Identification Produced _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROVER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 ON RECORDING YOUR NOTICE OF COMMENCEMENT.