



Roofing Permit Application

Site Address:					
Parcel #:			Zoning Class:		
Structure Use	Residential	Commercial	Mobile Home	Other	# of Units:
Business Name:					
Property Owner Name:				Email:	
Full Address:				Phone:	
COA Contractor #:			Qualifier Name:		
Qualifier Phone:			Qualifier Email:		
Description of Work:					
Florida Product Approval #:				Contract Amount (\$):	
Work Type	New Roof		Re-Roof		Re-Cover
Roof Type	Shingle	Metal	Modified Bitumen		Wood Shake
	TPO	Built Up	Other:		Number of Squares:

Application is hereby made for a roofing permit to do the work as described above and in consideration of the issuance of such permit. I agree that this application is subject to being built as referenced to the approved plans and in accordance with all zoning ordinances, building codes, and other ordinances of the City of Auburndale and laws of the State of Florida applicable thereto. It is understood that any deviation from the information contained herein, unless approved by the Building Inspector, will render the permit null and void.

Additional documents may include Florida Product Approval Form, Guidelines, and Checklist. See www.auburndalefl.com

I hereby certify that the information set forth above is true and correct and that I am the property owner or lessee or acting as the agent of either and have been authorized by them to make this application.

Applicant Name:			Company:		
Signature:				Date:	
Email:				Phone:	