

DATE: _____

ROOF PERMIT #: RR21- _____

Calhoun County Building Department

RESIDENTIAL ROOF PERMIT APPLICATION

PERMIT EXPIRES 6
MONTHS FROM DATE OF
ISSUE

(A) OWNER'S NAME: _____

(B) OWNER'S MAILING ADDRESS: _____

(C) OWNER'S PHONE NUMBER _____ CELL# _____

(D) OWNER'S EMAIL: _____

(E) CONSTRUCTION 911 ADDRESS: _____

(F) PARCEL ID #: _____

(G) CONTRACTOR'S NAME: _____

(H) CONTRACTOR'S MAILING ADDRESS: _____

(I) CONTRACTOR'S PHONE NUMBER: _____

(J) CONTRACTOR'S FLORIDA LICENSE NUMBER: _____

(K) CONTRACTORS EMAIL ADDRESS: _____

(L) ROOF TYPE: _____

(M) NUMBER OF SQUARES: _____

DECLARATION STATEMENT

I DO HEREBY AGREE TO COMPLY WITH ALL FLORIDA BUILDING CODES AND CALHOUN COUNTY LDR'S RELATED TO CONSTRUCTING THE ABOVE DESCRIBED STRUCTURES. UPON COMPLETION OF BUILDING THE NOTED STRUCTURES, I WILL PROVIDE ANY DOCUMENTS REQUESTED BY THE CALHOUN COUNTY PLANNING/BUILDING DEPARTMENT IN ORDER TO ASSURE COMPLIANCE.

PRINTED NAME: _____ SIGNATURE: _____