



Permit Application For Roofing/Siding/Doors/Windows/Shutters

Escambia County, Florida

Permit Number

APPROVAL SIGNATURE/DATE _____

Job Address:		Lot or Apt. Number:
Owner:	Owner's Phone Number:	
Contractor:	Contractor's Phone Number:	
	County License Number:	

PERMIT TYPE: <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Storm Shutter
PRODUCT APPROVAL INFORMATION: State Registry Approval Number: _____
Manufacturer _____ Model/Type _____

Usage Class: <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Re-roof
Type of Building <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Other _____
Number of Units: _____ Number of Floors: _____ Cost of Construction \$ _____
Type of Roof: <input type="checkbox"/> Shingles <input type="checkbox"/> Other _____ Number of Squares: _____

FOR METAL ROOFS** Pitch of Roof _____ Number of Penetrations _____
Chimney Width _____ Crickets _____ Yes _____ No _____
Type of Roof Panel _____
**MANUFACTURES INSTALLATION MANUAL (SPECIFICATIONS) <u>MUST</u> ACCOMPANY THIS APPLICATION.

Driving Directions:

Escrow Account Number:	Applicant Signature:
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County License Number and Escrow Account Number MUST be included for processing