



**Building Permit Application**  
**Roofing/Siding/Doors**  
**Windows/Shutters**  
 Escambia County, FL

<b>BUILDING PERMIT NO.:</b>
MASTER PERMIT NO.:
DATE:

Job Address:		Floor/Unit No.:	
Contractor		Phone No.:	
Owner:		Phone No.:	
Permit Type:	<input type="checkbox"/> Roofing	<input type="checkbox"/> Siding	
	<input type="checkbox"/> Door	<input type="checkbox"/> Window	
	<input type="checkbox"/> Storm Shutter	<input type="checkbox"/> Other	
Product Approval Information:			
State Registry No.:	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	
No. of Units:	No. of Floors:	Cost of Construction \$	
Type of Roof:	<input type="checkbox"/> Shingles	<input type="checkbox"/> Other	No. of Squares:
<b>FOR METAL ROOFS**</b>	Pitch of Roof:		No. of Penetrations:
Chimney Width:		Crickets:	Yes _____ No _____
Type of Roof Panel:			
<b>**MANUFACTURERS INSTALLATION MANUAL (SPECIFICATIONS) MUST ACCOMPANY THIS APPLICATION.</b>			

**Driving Directions:**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has been commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit may be required for all ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, HEATING, AND VENTILATING SYSTEMS ELEVATORS, ESCALATORS AND TRANSPORTING ASSEMBLINGS, GAS, SPRINKLER, ROOFING AND INSTALLATIONS, ETC. **OWNER'S AFFIDAVIT:** I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. **WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AT THE ESCAMBIA COUNTY CLERK OF COURTS AND A CERTIFIED COPY FILED AT THE BUILDING INSPECTIONS DIVISION, BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

If you are not the owner of the property being permitted, by signing this application, you hereby certify that you are the authorized agent of the owner. Furthermore, you must, by law, promise to inform the owner that the property in question is being subjected to possible liens and/or attachment, and must deliver all forms and notices required by law to the owner.

Signature of Owner or Agent:	Date:	Signature of Contractor:	Date:

**Notary as to Owner or Agent:**

STATE OF FLORIDA/COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_, who is/is not personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
SIGNATURE OF NOTARY

Printed Name of Notary: \_\_\_\_\_

Comm. Expires: \_\_\_\_\_

**Escrow Acct. No.** \_\_\_\_\_

**Notary as to Contractor:**

STATE OF FLORIDA/COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_,

who is/is not personally known to me and produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
SIGNATURE OF NOTARY

Printed Name of Notary: \_\_\_\_\_

Comm. Expires: \_\_\_\_\_

Contractor's License No.: \_\_\_\_\_