



CITY OF TREASURE ISLAND
COMMUNITY DEVELOPMENT DEPARTMENT
 120 – 108TH AVENUE
 TREASURE ISLAND, FL 33706
 Phone: (727) 547-4575 Fax: (727) 547-4584
 Inspection Line: (727) 547-4575 ext. 431

FOR OFFICE USE ONLY
 TOTAL FEES \$ _____

ROOFING - PERMIT APPLICATION

ALL WORK & MATERIALS PER CURRENT APPLICABLE BUILDING, ELECTRICAL, MECHANICAL, AND FIRE CODES. SEE CITY WEBSITE FOR CURRENTLY ADOPTED CODES.

APPLICATION DATE: _____ PERMIT NUMBER: _____

COMMERICAL: _____ RESIDENTIAL: _____

PROPERTY INFORMATION:

PROJECT ADDRESS: _____

SITE LEGAL DESCRIPTION: _____

PARCEL I.D. NUMBER: _____

PROPERTY OWNER: _____ PHONE: _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR INFORMATION: (PLEASE COMPLETE OWNER/BUILDER AFFIDAVIT, IF APPLICABLE)

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE NUMBER: _____ PCCLB LICENSE NUMBER: _____

PROJECT INFORMATION: () INSTALLATION () REPAIR () OTHER

DESCRIPTION / SCOPE OF WORK: _____

VALUE OF WORK: \$ _____ VALUE OF EXISTING STRUCTURE: \$ _____

OTHER PERMITS REQUIRED: (PLEASE COMPLETE SUBCONTRACTOR VERIFICATION FORM)

BUILDING: _____

ELECTRICAL: _____

PLUMBING: _____

MECHANICAL: _____

GAS: _____

ROOFING: _____

LOW VOLTAGE: _____

ELEVATOR: _____

WILL THIS PROJECT REQUIRE A SWFWMD PERMIT? (Yes or No)
 (For structures with more than 4 living units)

WILL THIS PROJECT REQUIRE A CONSTRUCTION GENERAL PERMIT? (Yes or No)
 (If Project / Land Disturbance is greater than 1 acre in size)



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ALL ITEMS BELOW ARE REQUIRED TO APPLY FOR PERMIT

Application will not be processed if items are missing.

- Proof of Property Ownership** – PCPAO printout, deed, Sunbiz report if LLC, etc.
- Contract** – Between owner and contractor, signed and dated.
(not required unless a FEMA review is needed)
- Florida Product Approvals** – Obtained from FloridaBuilding.org. Use 2020 Building Code. Show the FL product approval # and appropriate decimal point circled. One set of installation instructions or site-specific engineering for:
 - Underlayment
 - Shingles / Tile / Metal
 - Modified Bitumen
 - Vents

If Applicable:

- Notice of Commencement** – For projects with a valuation over \$2,500 – Notarized and recorded. If not provided at time of application, required prior to first inspection.
- Owner/Builder Affidavit** – If homeowner is going to be the contractor. Single family or duplex dwelling only. Property cannot be for sale or rent within 12 months of project completion.
- FEMA Cost Breakdown Worksheet** – If the work valuation is greater than 25% of the Improvement Threshold.

***Note: Notarized roofing affidavit with photos for all residential reroofs is required to be on site at final inspection.**

****Due to recent changes in requirements for wind mitigation from the Florida Homeowner's Insurance Companies, The City of Treasure Island will now be requiring an in progress affidavit and photos of the deck nailing before roof final inspections may be requested.**

These may be uploaded to your attachments in the files of your online application, e-mailed, or be left on site for the inspector at the in progress inspection.

NOTICE:

In addition to the work described under this permit, there may be additional requirements applicable to this property established by city, county, state and/or federal legislation. Further there may be additional permits required from other governmental entities such as the water management district, state agencies, or federal agencies, Section 553.79 (10), Florida Statutes.

Any permit for demolition or renovation shall contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of Section 469.003, F.S., and to notify the Florida Department of Environmental Protection of his/her intentions to remove asbestos, when applicable, in accordance with state and federal law, Section 553.79(11), Florida Statutes.

A letter from Pinellas County Air Quality shall also be provided.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has 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 must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all 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 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 OR RECORDING YOUR NOTICE OF COMMENCEMENT.

APPLICANTS ARE RESPONSIBLE FOR COMPLYING WITH THE FEDERAL AND STATE OF FLORIDA REQUIREMENTS FOR THE AMERICANS WITH DISABILITIES ACT.

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.

Additional information may be required on a case-by-case basis. A permit application will not be accepted by the Community Development Department unless all required documents have been provided. All plans will be reviewed once all the correct documentation is submitted. Plans will be reviewed in the order they are received.

**Owner OR Contractor Notarized signature required per F.S. 713.135(6)(a)
ALL WORK SUBJECT TO THE FEMA 50% RULE.**

Signature of Owner Builder or Agent

STATE OF _____, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by means of _____ physical presence or _____ online notarization who is personally known to me or has produced _____ as identification.

Signature of Notary Public

(Print, Type or Stamp Commissioned Name of Notary Public)

Signature of Contractor

STATE OF _____, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by means of _____ physical presence or _____ online notarization who is personally known to me or has produced _____ as identification.

Signature of Notary Public

(Print, Type or Stamp Commissioned Name of Notary Public)

(FOR OFFICE USE ONLY)

Permit Accepted By:

Permit Tech: _____ **Signature:** _____ **Date:** _____

ZONING APPROVAL (IF APPLICABLE): 	BUILDING DEPARTMENT APPROVAL:
FLOODPLAIN APPROVAL (IF APPLICABLE): 	FIRE / PUBLIC WORKS APPROVAL:

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www.mytreasureisland.org

INSPECTION AFFIDAVIT

RE: Permit # _____

I, _____, licensed as a(n) Contractor*/Engineer/Architect,
(Please print name and circle license type) FS 468 Building Inspector*

License # _____

On _____, I did personally inspect the roof,
(Date and time)

deck nailing and/or secondary water barrier work at _____
(Job site address)

Being appropriately licensed to conduct this work and based upon the examination of such work, I have determined that the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Signature of Affiant

STATE OF FLORIDA
COUNTY OF: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

By means of physical appearance or on-line notarization.

By: _____

Notary Public, State of Florida

(Print, type or stamp name)

Personally known _____ or
Produced Identification _____
Type of Identification Produced _____

*General, Building, Residential or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.