

ROOFING PERMIT APPLICATION

FRANKLIN COUNTY BUILDING DEPARTMENT

34 Forbes Street, Suite 1, Apalachicola, Florida 32320

<https://www4.citizenserve.com/Portal/PortalController>

Please note paper applications will have a longer processing time.

For a faster processing time please use the link above to apply via CitizenServe

Property Owner Information:

Property Owner: _____

Mailing Address: _____

Phone Number/ Email: _____

Property Information:

911 Address/Construction Location: _____

Parcel Identification Number: _____

Waterfront Property: Gulf Bay Other: _____

Gate Code (if located in Gated Community): _____

Contractor Information:

Contractor Name: _____

Business Name: _____

Contractor Mailing Address: _____

State License Number: _____

Phone Number: _____

Email: _____

PLEASE INITIAL INDICATING ALL REQUIRED DOCUMENTS ARE INCLUDED:
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

REQUIRED DOCUMENTS:

_____ Application	_____ Product Approval Documentation
_____ Roof Inspection Affidavit	_____ Recorded Notice of Commencement-
_____ Owner Builder Affidavit	(Contractors Only)

Contract Cost:

Owner/Contractor Signature

Date

NOTE TO APPLICANTS AND PERMIT HOLDERS:

VIOLATIONS OF THE TERMS AND CONDITIONS OF THIS PERMIT MAY WARRANT A STOP WORK ORDER OR REVOCATION OF THIS PERMIT. THIS PERMIT IS VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE. CONSTRUCTION MUST COMMENCE WITHIN SIX MONTHS OF DATE ISSUED.