



Gilchrist County Building Department

209 SE 1st Street Trenton, FL 32693
Phone: (352) 463-3173 Fax: (352) 354-9113

Date Submitted: _____

Roofing Permit Application

Please print

Owner/Applicant Information		
Owner Name:		
Proof of Ownership: <input type="checkbox"/> Recorded Deed <input type="checkbox"/> Other:		
Contractor Name:	License #:	
Authorized Agent Name: <input type="checkbox"/> Affidavit on File <input type="checkbox"/> Affidavit Attached		
Owner/Builder Affidavit must be submitted if owner applying for permit		
Contact Information		
Name:	Address:	
City:	State:	Zip:
Contact Phone:	Alternate Contact #:	
Fax Number:	Email:	
Project Information		
Job Valuation: \$	N.O.C. Required if \$5,000 and over in value	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mobile Home <input type="checkbox"/> Site Built Home <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other		
Project Address:		
City:	State:	Zip:
Parcel Number:	<input type="checkbox"/> Zoning Approval for City	
Roof Area to be covered: (sq ft)	Existing Roof Material:	
<input type="checkbox"/> Roof-Over (New roof applied over existing roof) Roof Pitch:	Roof Deck <input type="checkbox"/> Plywood <input type="checkbox"/> OSB <input type="checkbox"/> 1x	
<input type="checkbox"/> New Roofing: <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Built-up <input type="checkbox"/> Other:		
Product Approval#(s):		

METAL ROOFING INSTALLATION MANUALS REQUIRED WITH ROOFING APPLICATION SUBMITTAL (2 SETS)

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.

Signature of Owner/Contractor/Agent Date

STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20____.

By: _____ (Printed Name of Individual Acknowledging)

Individual identified by: Personal Knowledge Satisfactory Evidence: Type: _____

Signature of Notary Public - State of Florida

Printed Name of Notary Public or Stamp