

DATE: \_\_\_\_\_

IWORQ # \_\_\_\_\_

**Calhoun County Building Department**

**COMMERCIAL ROOF PERMIT APPLICATION**

(A) OWNER'S NAME: \_\_\_\_\_

(B) OWNER'S MAILING ADDRESS: \_\_\_\_\_

(C) OWNER'S PHONE NUMBER \_\_\_\_\_ CELL# \_\_\_\_\_

(D) OWNER'S EMAIL: \_\_\_\_\_

(E) CONSTRUCTION 911 ADDRESS: \_\_\_\_\_

(F) PARCEL ID #: \_\_\_\_\_

(G) CONTRACTOR'S NAME: \_\_\_\_\_

(H) CONTRACTOR'S MAILING ADDRESS: \_\_\_\_\_

(I) CONTRACTOR'S PHONE NUMBER: \_\_\_\_\_

(J) CONTRACTOR'S FLORIDA LICENSE NUMBER: \_\_\_\_\_

(K) CONTRACTORS EMAIL ADDRESS: \_\_\_\_\_

(L) ROOF TYPE: \_\_\_\_\_

(M) NUMBER OF SQUARES: \_\_\_\_\_

**DECLARATION STATEMENT**

I DO HEREBY AGREE TO COMPLY WITH ALL FLORIDA BUILDING CODES AND CALHOUN COUNTY LDR'S RELATED TO CONSTRUCTING THE ABOVE DESCRIBED STRUCTURES. UPON COMPLETION OF BUILDING THE NOTED STRUCTURES, I WILL PROVIDE ANY DOCUMENTS REQUESTED BY THE CALHOUN COUNTY PLANNING/BUILDING DEPARTMENT IN ORDER TO ASSURE COMPLIANCE.

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_