

DATE: _____

IWORQ # _____

Calhoun County Building Department

RESIDENTIAL ROOF PERMIT APPLICATION

(A) OWNER'S NAME: _____

(B) OWNER'S MAILING ADDRESS: _____

(C) OWNER'S PHONE NUMBER _____ CELL# _____

(D) OWNER'S EMAIL: _____

(E) JOB COST: _____

(F) NUMBER OF SQUARES AND TYPE: _____

(G) CONSTRUCTION 911 ADDRESS: _____

(H) PARCEL ID #: _____

(I) CONTRACTOR'S NAME: _____

(J) CONTRACTOR'S MAILING ADDRESS: _____

(K) CONTRACTOR'S PHONE NUMBER: _____

(L) CONTRACTOR'S FLORIDA LICENSE NUMBER: _____

(M) CONTRACTORS EMAIL ADDRESS: _____

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: _____