



ROOFING PERMIT APPLICATION

**TOWN OF MEDLEY
BUILDING AND ZONING**

7777 N.W. 72ND Av., Medley, Florida 33166

305-887-6913

PERMIT
NO.

Building Permit No. _____

FOR OFFICE USE ONLY

PAID

Check No. _____

Date _____

Dept. _____

TYPE OR PRINT
APPLICANT FILL INSIDE HEAVY LINES

Permit application must include a valid property tax filio number in order to be processed.
 Tax Folio # : _____

OWNER _____ TEL. NO. _____

MAIL ADDRESS _____

BUILDING CONTR. _____

MAIL ADDRESS _____ TEL. NO. _____

ARCHITECT _____

ENGINEER _____

INSPECTION RECORD

DRY-IN _____ WT. FELT _____ OVERLAP _____

NAIL SIZE _____ SPACING _____

DRIP STRIP _____ METAL _____ GAUGE _____

SIZE _____ NAILING _____

GRAVEL STOP _____ METAL _____ GAUGE _____

SIZE _____ NAILING _____

FLASHING TYPE _____ WT. _____

VALLEY METAL _____ GAUGE _____

TILE- _____ TILE WETTED _____ OVERLAP _____

MORTAR _____ SURFACE _____

FINAL- _____ SURFACE _____

WORKMANSHIP _____

TO CODE _____

LEGAL: _____ LOT NO. _____ BLOCK NO. _____

SUBDIVISION _____ SEC. _____ TWP. _____ RGE. _____

OR

METES & BOUNDS _____ P.B. & PAGE NO. _____

STREET ADDRESS OF JOB _____

LOT SIZE _____ SURVEY ATTACHED? _____ LOT STAKED? _____

PRESENT USE (VACANT, OR NO. OF BUILDINGS AND USE OF EACH) _____

I HEREBY MAKE APPLICATION FOR A PERMIT TO APPLY NEW REPAIR REPLACE

A ROOF ON THE FOLLOWING TYPE STRUCTURE: RESIDENTIAL COMMERCIAL INDUSTRIAL

FOR THE FOLLOWING SPECIFIC OCCUPANCY AND USE: _____

TYPE OF ROOF _____ TYPE SURFACE OF DECK _____

NO. OF PLYS _____ WT. OF FELT EACH PLY _____

FLASHING METAL TYPE _____ GAUGE _____ ROOF PITCH _____ /12

TIN CAP SPACING _____ NAIL SIZE AND LENGTH _____

DRIP STRIP METAL TYPE _____ WIDTH _____ GAUGE _____

GRAVEL STOP METAL TYPE _____ WIDTH _____ GAUGE _____

NO. OF SQUARES _____ EST. COST \$ _____

I UNDERSTAND THAT IN SIGNING THIS APPLICATION, I AM RESPONSIBLE FOR THE SUPERVISION, AND COMPLETION OF THE CONSTRUCTION IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS AND FOR COMPLIANCE WITH ALL FEDERAL, STATE AND COUNTY LAWS APPLICABLE.

(SIGNATURE OF CONTRACTOR (QUALIFIER) OR OWNER-BUILDER ONLY)

WITNESS (CLERK) _____ DATE ACCEPTED: _____

DRY-IN INSP. _____ DATE _____

FINAL INSP. _____ DATE _____

ADMINISTRATION

TOTAL SQUARES _____

FEE _____ \$ _____

PROOF OF OWNERSHIP _____ CHECKER _____

VIOLATIONS CHECK: CHECKER _____ DATE _____

CONTR. CERT. NUMBER _____ CLASS _____ CHECKER _____

AN AUTHORIZED REPRESENTATIVE OF THE DIRECTOR, TOWN OF MEDLEY BUILDING AND ZONING DEPARTMENT AND ALL FEES PAID AND RECEIPT ACKNOWLEDGED IN THE SPACE PROVIDED.

BY: _____

CONDITIONS UNDER WHICH APPROVED: _____

	APPROVED	DISAPPROVED	REASON
ZONING			
STRUCTURAL			
PLUMBING			
ELECTRICAL			
MECHANICAL			