# PALM BEACH COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

This application form is approved for use throughout Palm Beach County & the Municipalities by the Building Officials Association of Palm Beach County & The Building Code Advisory Board of Palm Beach County

***FOR OFFICE USE ONLY***

APP'N #: _____

DATE: _____

1

**KIND of PERMIT (CHECK ONE):**

☐ PRIMARY PERMIT

☐ SUB-PERMIT - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 6, & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.

2

**OWNER:** _____

ADD: _____ STE: _____

CITY: _____

ST: _____ ZIP: _____ CNTRY: _____

3

**TRADE (CHECK ONE):**

☐ STRCT'L ☐ ROOF'G ☐ ELECT'L ☐ MECH'L ☐ PLMB'G

☐ OTHER: _____

PRIMARY PERMIT #: _____

4

**PROJECT:** _____

PCN: __ __-__ __-__ __-__ __-__ __-__ __-__ __-__ __ __ __

ADD: _____ STE: _____

CITY: _____

5

**FURTHER WORK DESCRIPTION:** _____

_____

_____ VALUE: _____ (SEE FEE SCHEDULE) QTY: _____ (AS APPLIES) NET S.F (for SFD's): _____ (AS APPLIES)

6

☐ OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE - *PROVIDE* CONTACT INFO BELOW, INCL. PHONE/FAX/EMAIL)

☐ CONTRACTOR (CERT. HOLDER): _____ License #: _____

DBA (COMPANY NAME): _____ Contact Person: _____

ADD: _____ STE: _____ CITY: _____ ST: _____

PHONE: _____ FAX: _____ EMAIL: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

7

_____

(Signature of Owner or Agent) (Including contractor)

Print Name: _____

NOTARY REQUIRED IF $ 2,500 OR MORE, OR FOR ALL OWNER/BUILDERS REGARDLESS OF $ VALUE

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this

_____ day of _____, (year) , by

_____

(Name of person making statement).

_____

(Signature of Notary Public - State of Florida) (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ____ OR Produced Identification _____

Type of Identification Produced _____

8

_____

(Signature of Contractor)

Print Name: _____

NOTARY REQUIRED IF $ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF $ VALUE

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this

_____ day of _____, (year) , by

_____

(Name of person making statement).

_____

(Signature of Notary Public - State of Florida) (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ____ OR Produced Identification _____

Type of Identification Produced _____

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS $2,500 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < $7500). PLEASE ADDRESS ALL ITEMS.

9
Fee Simple Titleholder's Name (If other than owner): _____

Fee Simple Titleholder's Address (If other than owner): _____

City: _____ State: _____ Zip: _____

☐ Same as Owner

10
Bonding Company: _____

Bonding Company Address: _____

City: _____ State: _____ Zip: _____

☐ Not Applicable

11
Architect/Engineer's Name: _____

Architect/Engineer's Name Address: _____

City: _____ State: _____ Zip: _____

☐ Not Applicable

12
Mortgage Lender's Name: _____

Mortgage Lender's Address: _____

City: _____ State: _____ Zip: _____

☐ Not Applicable

**WARNING TO OWNER:**
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.

**NOTICE TO CONTRACTOR:** FOR A DIRECT CONTRACT GREATER THAN $2,500 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN $7500), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

***OFFICE USE ONLY BELOW THIS LINE***

13
LEGAL DESCRIPTION/NOTES: _____

14
USE (CHECK ONE):
☐ 1 & 2 FAMILY ☐ TOWNHOUSE ☐ CONDOMINIUM
☐ MULTI-FAMILY ☐ COMMERCIAL ☐ INDUSTRIAL
☐ AGRICULTURAL - BLDG CD EXEMPT ☐ OTHER: _____

☐ USE CHANGE: _____

15
PERMIT NUMBER: _____

16
PRIMARY PERMIT: _____

17
CODE EDITION/NOTES: _____

18

**Town of Lake Park**
**Planning, Zoning & Building Department**
**Checklist – Laminated Shingles & Flat Roofs**

**Roof Pitch:** _____ **Roof Area is** _____ **squares.**

**This is:** **Re-Roof** ☐ ☐ **Sheath-Over (Engineering)**

**Re-Sheath** ☐

**New Roof** ☐

**Shingle – Over – With prior approval (1 TIME ONLY)** ☐

☐ **Flat Roof Area** _____ **Squares.**

**Manufacture and Specification No.** _____ **(Attached)**

**Laminate Shingles**

| **Manufacturer** | **Product Name** |
|---|---|
| (Circle proposed manufacturer and product name.) | |
| Celotex | Presidential Shake |
| CertainTeed | Grand Manor |
| CertainTeed | Carriage House |
| CertainTeed | Estate C |
| Elk | Prestique Plus |
| Elk | Prestique II |
| GAF | Timberline (30 yr.) |
| GAF | Timberline Ultra |
| GAF | Timberline Country Mansion |
| Owens Corning | Oakridge Shadow AR |

***Applicant's Affidavit:*** I hereby certify that I have read the material on both sides of this document and have provided the information requested.

_____ _____ _____
**Print Name** **Signature** **Date**

# IMPORTANT NOTICE ABOUT NEW ROOF & RE-ROOF PERMITS

THIS INFORMATION IS PROVIDED TO ASSIST PERMIT HOLDERS IN UNDERSTANDING BUILDING CODE AND BUILDING DIVISION POLICIES EFFECTING ROOF PERMITS. PLEASE CONTACT THE BUILDING DIVISION BEFORE COMMENCING WORK IF THERE ARE QUESTIONS REGARDING CODE REQUIREMENTS.

**A Town of Lake Park Building Permit does not assure compliance with your Homeowners Association's rules, regulations and/or deed restrictions. We advise you to obtain approval from your Homeowner's Association before improving your property.**

1. **Asphalt Composition Shingles**-Building code requirements specify that asphalt composition shingles (fiberglass shingles) shall resist 110 miles per hour wind speeds. The fiberglass shingles used must have Product Control Approval from an approved agency and labeled for high wind resistance.

2. **REQUIRED FELT UNDERLAYMENTS ON ANY ROOF SYSTEM SHALL COMPLY WITH ASTM SPECIFICATIONS, AND SHALL BE LABELED WITH THE ASTM DESIGNATION.**

3. All re-roof permit applications shall contain an accurate description of the existing roof covering to be removed and the new roofing material intended for replacement.

4. Roof coverings shall always be applied to a solid or closely fitted deck. Re-roofing over existing space-sheathed roof decks is not permitted by code and shall require a Sheath-Over or Re-Sheath using structural grade panels (plywood) according to the following procedures:

   Sheath-Over (applying plywood panels over existing spaced sheathing) requires registered engineers' written specification describing attachment requirements (nail or screw length and fastening pattern into framing members). **Specification shall be submitted at time of roofing permit application.**

   Re-Sheath (removal of spaced sheathing for application of plywood panels) requires use of minimum 19/32" plywood fastened with 8d galvanized common nails 4" o.c. outermost perimeter and 6" o.c. remaining edges and field.

   Spaced Board Sheathing Fill-in spaces between existing spaced-sheathing boards may be filled-in with boards of the same size and thickness to provide a closely fitted solid deck. Nail new boards in accordance with code requirements.

5. Existing plywood sheathing shall be re-nailed prior to application of ASTM asphalt base sheet underlayment. Re-nailing requires use of minimum 8d galvanized nails so that nail spacing does not exceed 6" o.c. in any direction.

6. The contractor may dry-in new roof before the building department inspection, if a nail inspection certification report is provided to the building inspector. A licensed architect or engineer shall execute such inspection and report. You will need to **contact the Inspection Department at (561) 881-3300 before starting any work.**

7. When concrete/clay roof tile replaces cedar shingle/shakes or fiberglass shingles a registered architect or engineer shall verify the adequacy of the existing trusses to support increased dead loads. An Engineering and Inspection Report shall be submitted with the roofing/re-roofing permit application.

THE FOLLOWING SPECIFIES TILE INSTALLATION METHODS CONFORMING TO THE TOWN OF LAKE PARK BUILDING DEPARTMENT USES' FOR TILE ATTACHMENT.

1. Scope of work: New Roof ☐ Roof Slope: _____:12
   Re-Roof ☐ Roof Area: _____ Squares
   Tile to Tile ☐
   Sheath-Over Existing Spaced Sheathing (Engineering Attached) ☐
   Re-Roof Shingle or Shake to Tile (Engineering Attached) ☐
2. Underlayment system: Per Florida Building Code ☐ (2004 FBC & Lake Park Amendments)
   Per NTRMA Specifications ☐ (If selected, provide specs at inspection)
3. Roof material is _____ Roof color and # _____ as selected from the approved materials schedule and color chart as adopted by the Architectural Review Board.
4. Tile Manufactures (circle tile selection or provide new tile information *)

| Manufacturer | Flat Profile | Medium Profile | High Profile |
|---|---|---|---|
| Monier | Shake/Slate | Villa | Mission 'S' |
| | Vanguard – II Flat | Vanguard Roll | Spanish 'S' |
| | | Classic 100 | |
| Lifetile | Shake/Slate | Capri | Espana |
| Entegra | Skandia | Estate 'S' | |
| Pioneer | Rustic Slate/Shake | Hacienda | Regal |
| | | | Spanish 'S' |
| Metro | Flat | Metro Gem | Spanish 'S' |
| Almar | | | Altuse 'S' |
| | | | Altusa Barrel |
| | | | Cedeska Barrel |
| * | | | |

4. Tile Attachment Method (any of the following may be used):
   A. Mechanical-Fastener, All Profiles-3:12 to 12:12 Slope (Refer to Tile Fastening Tables):
      1. Nail & Clip (19/32" Plywd) ☐ 2. Screws ☐
         (15/32" Plywd) ☐ 3. Ring Shank 3" or 4" Headlap ☐
   B. Foam Adhered All Profiles – 3:12 to 12:12 Slope:
      1. Polyfoam-PolyPro AH 160 ☐
   C. Mortar-applied (limited to installation conditions as follows):
      1. Re-roofs. Flat tile permitted on – 2 ½:12 to 4:12 Slope: (indicate which mortar used)
         Bermuda Roof Tile-Tite ☐
         Quikcrete Tile Mortar #1140 ☐
         LaFarge, Florida Roof Mortar-M ☐
      2. New Roof/Re-roof, All Profiles – 2 ½:12 to 6 ½:12 Slope:
         (only the following may be used): Bermuda Roof Tile-Tite ☐
5. Provide spec sheet for roof system.

***Applicant's Affidavit:*** I hereby certify that I have read the material on both side of this document and have provided the information requested.

_____ _____ _____
Print Name Signature Date

| Town of Lake Park | Building Department | Effective: 04/06/08 |
|---|---|---|

# RULE 9B-3.0475

## Mandatory Hurricane Mitigation Retrofits for Re-roofing (Single Family Dwelling ONLY)

| | | |
|---|---|---|
| A | | **1.-** If house was built **before March 1, 2002** **(PAPA or other documents)** |
| | | **AND** |
| | | **2.-** The value of the house is **$300,000.00 or more** **(PAPA or insured value)** |
| | | **RETROFITS OF THE ROOF-TO-WALL CONNECTIONS IS REQUIRED** |
| | | **( UP TO 15 % OF THE REROOFING COST)** |
| | | a) Provide product approval for **SECONDARY WATER BARRIER** per 201.2 **a)** & **b)**, or **c)** ___ , or **d)** ___ |
| | | b) Provide product approval for **UNDERLAYMENT** |
| | | c) Provide product approval for **ROOF COVERING** |
| | | d) Provide **ENGINEERING REPORT** indicating SCOPE OF WORK **or** provide **PRESCRIPTIVE RETROFIT SOLUTIONS** (Section 201.3.3 - 201.3.6) for achieving uplift capacities specified in Table 201.3 of the manual |
| | | e) Provide Priorities for mandated roof-to-wall retrofit expenditures for houses with both hip & gables roof ends (when width of the hip end is > 1.5 times greater than the width of the gable end) (Section 201.3.7) |
| | | f) Provide signed **BUILDING SUB-PERMIT FORM** |
| B | | **If** the house was built **after March 1, 2002** **(PAPA or other documents required)** |
| | | **or** the house was built **before March 1, 2002** with value **less $300,000.00** **(PAPA)** |
| | | **NO RETROFIT REQUIRED, BUT A SECONDARY WATER BARRIER SHALL BE PROVIDED AS REQUIRED** |
| | | a) Provide product approval for **SECONDARY WATER BARRIER** per 201.2 **a)** & **b)**, or **c)** ___ , or **d)** ___ |
| | | b) Provide product approval for **UNDERLAYMENT** |
| | | c) Provide product approval for **ROOF COVERING** |