



Roofing Permit Application

Building Inspection Division

Site Address:							
Structure Use:		Residence <input type="checkbox"/>	# of Units	Commercial <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Church <input type="checkbox"/>	
Business Name:							
Zoning Classification:				Parcel Number:			
Property Owner Name:							
Property Owner E-mail: check if new <input type="checkbox"/>							
Address:							
City:			State:	Zip:	Phone:		
Lakeland Contractor #			Qualifier's Name:				
Qualifier's E-mail: check if new <input type="checkbox"/>							
Description of Work:							
Florida Product Approval #							
Job Contract Price:				Plans Examiner's Estimate:			
Please Select Appropriate Categories:							
New Roof	<input type="checkbox"/>	Repair	<input type="checkbox"/>	Tear Off & Re-roof	<input type="checkbox"/>	Other	<input type="checkbox"/>
Shingle	<input type="checkbox"/>	Built-Up	<input type="checkbox"/>	Roof Over	<input type="checkbox"/>	Other	<input type="checkbox"/>
Number of Squares:							
<p>Application is hereby made for a building permit to do the work as briefly described above and in consideration of the issuance of such permit, I agree that this application is subject to being built as referenced to the applicable approved plans and in accordance to the Zoning Ordinance, Building Code, and other ordinances of the City of Lakeland and laws of the State of Florida applicable thereto. It is understood that any deviation from the information contained herein unless approved by the Building Inspector will render the building permit null and void. I agree that this property will not be occupied or used until all damage done to streets, curbs, sidewalks or other public or private property has been completely and satisfactorily repaired or replaced and all driveways will be completed under permit and approval from the Building Inspection Division. Also, the property will not be occupied until after a letter of Completion or a Certificate of Occupancy is acquired upon completion of all applicable inspections. I hereby certify that the information set forth above is true and correct and that I am the property owner or lessee, or acting as the agent of either and have been authorized by them to make this application. The 2020 Florida Building Code is in effect.</p>							
Applicant's Signature:						Date:	
Applicant's E-mail:							
Company Name:						Phone:	
Company Address:							
Company E-mail: check if new							
(FOR OFFICIAL USE ONLY)							
Approved By:						Date:	
Penalty ? Yes <input type="checkbox"/> No <input type="checkbox"/>							
NOC:	\$			Permit Fee:	\$		
				Plan Check Fee:	\$		
				Surcharge Fee:	\$		
				Total Fees:	\$		