



City of Mascotte

Roof Permit Checklist

1. COMPLETED PERMIT APPLICATION - 2 PAGES
 2. SCOPE OF WORK WORKSHEET
 3. COMPLETED PRODUCT APPROVAL WORKSHEET
 4. RE-ROOF AFFIDAVIT IF REQUIRED
 5. PROPERTY RECORDSCARD SHOWING THE OWNER MATCHES THE OWNER ON THE APPLICATION - LOCATED ON THE PROPERTY APPRAISER WEBSITE
 6. ROOF DRAWING SHOWING THE PITCHES OF THE ROOF & PLYWOOD THICKNESS
 7. HOA APPROVAL IF LOCATED IN HOA
 8. RECORDED NOTICE OF COMMENCEMENT IF JOB VALUE IS OVER \$5000
- THESE DOCUMENTS ARE REQUIRED TO BE UPLOADED TO THE ONLINE PORTAL

PLEASE NOTE:

WE ACCEPT AFFIDAVITS AND PICTURES SO THAT YOU MAY MOVE DIRECTLY TO THE FINAL INSPECTION.

****Please visit the portal to obtain the following documents if needed: Product Approval Worksheet, Permit Application Notification for HOA, Notice of Commencement, & Owner/Builder Affidavit.**

You can apply online at: <https://portal.iworq.net/MASCOTTEFL/new-permit/600/5611>

FINAL INSPECTIONS CAN BE SCHEDULED THROUGH THE ONLINE PORTAL



RESIDENTIAL ROOF APPLICATION

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Submit application at:
<https://mascottefl.portal.iworq.net/portalhome/mascottefl>

Date: _____

* Job Site Address & Parcel ID #: _____

* Digital Applicant/Primary Contact: _____ *Phone: _____

*Email: _____

PROPERTY

* Job/Project Name: _____

* Property Owner Name: _____

Property Owner Email: _____

* Address: _____ Phone: _____

Business Owner Name: _____

Address: _____ Phone: _____

CONTRACTOR

Name: _____

Address: _____

Email: _____

Company Name: _____

Company Address: _____ Phone: _____

PROFESSIONALS

Architect/Engineer's Name: _____ Phone: _____

Bonding Company Name & Address: _____

Fee Simple Titleholder's Name & Address (if other than owner): _____

Mortgage Lender's Name & Address: _____

WORK
DESC.

*Include description of re-roof type:

Related to Code Enforcement Action? Yes No Estimated construction cost \$ _____

*Sq feet: _____

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 the City of Mascotte.

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.

WARNING TO OWNER

YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. IF THE ESTIMATED COST OF THIS JOB IS GREATER THAN \$5,000 A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE FILED WITH PERMITTING SERVICES PRIOR TO SCHEDULING YOUR FIRST INSPECTION.

If you are not the owner of the property being permitted, you must, by law (FS 713.135 (c)) promise to inform the fee simple titleholder that the property in question is being subjected to possible liens and/or attachment.

Property Address: _____ Phone: _____
Permit #: _____ (if applicable)

*Property Owner Signature _____ Date: _____

Print Name _____ (Owner)

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____, day of _____, 202_ , by _____ as _____, a Florida _____, on behalf of the company, who is personally known to me or has produced _____ (type of identification) as identification.

Notary Public Signature

Print Name: _____ My Commission Expires: _____

*Contractor Signature _____ Date: _____

Print Name _____ (Contractor)

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____, day of _____, 202_ , by _____ as _____, a Florida _____, on behalf of the company, who is personally known to me or has produced _____ (type of identification) as identification.

Notary Public Signature

Print Name: _____ My Commission Expires: _____

CERTIFICATE OF COMPETENCY HOLDER

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

OWNER'S ELECTRONIC SUBMISSION STATEMENT:

Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

PROPERTY OWNER

CONTRACTOR

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
3. PANEL WALL			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B. NON-STRUCT METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
5. STRUCT COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR ENVELOPE PRODUCTS			
A.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

 APPLICANT SIGNATURE

 DATE

Reroofing Inspection Affidavit
Nailing, Sheathing, Dry-In & Flashing

REROOF ONLY – NOT NEW CONSTRUCTION

Permit No: _____ Address: _____

I _____, as a(n) General*, Building*, Residential*, or Roofing Contractor, Engineer, Architect, or F.S. Chapter 468 Building Inspector, I hereby affirm, that all of the foregoing information is true and accurate and that the sheathing, nailing, dry-in, and flashings at the above referenced address/lot have been installed in accordance with the attached scope of work, complying with all applicable codes and standards. Based upon my examination I have determined the installation was done in conformance to the Hurricane Mitigation Retrofit Manual (Based on F.S. Chapter 553.844).

License #: _____

Company/Contractor: _____

Contractor's Signature: _____ Date: _____

(Must be signed by license holder)

A final roofing inspection is required:

This signed and notarized affidavit must be provided at the job site at the time of the final roofing inspection along with digital photographs of each plane of the roof with the permit number or address number clearly marked on the deck for each inspection. The photographs must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20___, by _____ who is personally known to me ___or has produced _____ as identification and who ___did or ___did not take an oath.

Notary Public

Printed Name: _____

My Commission Expires: _____

*No general, building, or residential contractor certified after 1973 shall act as, hold himself or herself out to be, or advertise himself or herself to be a roofing contractor unless he or she is certified as a roofing contractor.