



REROOF PROCEDURES

Fill out a Building Permit application. Be sure to fill in all areas that are highlighted. These forms are interactive and should be filled out on a computer for clarity.

Provide a roof sketch showing the roof pitch, decking material thickness and type.

For all inspections, the Inspectors need the following on the job: manufacturer's installation instructions for metal roofs. Please be sure that pictures, nailing affidavit and NOC are on the job at final.

The Contractor must sign the Affidavit of Compliance (attached) and have it notarized.

If the Contractor so chooses, the in-progress inspection may be substituted with photos that certify the requirements associated with a reroof. The Contractor must then have adequate photos to verify that the nails are the correct nails, installed with the correct spacing and are not over driven. Also, photos that show compliance with the other requirements listed below. If adequate photos are not taken, the Contractor may be required to strip back shingles to verify compliance with the code. It is recommended to take a photo of the box of nails with the label prominently displayed.

DECK NAILING – 8d nails spaced no greater than 6" o.c. with nail heads flush with deck. For 1x12 decking material, two nails per rafter crossing. Do not over drive the nails.

DRIP EDGE – The Fl. Building Code requires drip edge to be overlapped by a minimum 3" and to be nailed at 4" o. c.

UNDERLAYMENT – Shall be attached to a nailable deck in a grid pattern of 12" (305 mm) between the side laps, with 6" (152 mm) spacing at the side laps or per MFG specs for synthetic underlayment.

FLASHING – Any of the recognized methods outlined in R905.2.8.2

NAILS – Take a picture of the nail box showing that they are 8d, .113 with .028 nail heads.

PHOTOS – Must be present at the final inspection along with the signed affidavit. Photos must be able to indicate proper installation of valley lining, drip edge, deck nailing and underlayment as outlined above.

CONTRACTOR SIGNATURE _____ DATE _____

City of Groveland Building Dept., 156 S. Lake Ave., Groveland, Fl. 34736 email - permitting@groveland-fl.gov

Phone: 352-429-2141

**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.



Reroof Checklist

Yes	No	Requirements
		Completed Permit Application
		Contractor License and Insurance Information Current
		Notice of Commencement if the job is valued over \$2500
		A copy of the contract between the owner and the contractor.
		Property Records Card, which can be located at the Lake County Property Appraiser's website at www.lakecopropappr.com
		Roof pitch must be included in the scope of work description
		Product approval for each different product being installed
		Manufacturer installation specifications that is specific to the job being proposed.
		If this a roof-over, where the existing shingles are not removed, the product approval information must indicate that the shingles were tested in this manner. If the product approval information does not indicate installation over existing shingles, then you will need local product approval and an engineer will need to provide evidence that the installation will provide the same level of protection as the product approval for installation over a wood deck.
		Sketch of the roof showing slope, deck type and thickness

Instructions: Be sure that you have submitted all the items on the list above.



CITY OF GROVELAND BUILDING PERMIT APPLICATION

Date Received: _____

Permit # _____

PROPERTY INFORMATION

Site Address # _____ Street _____ City _____ Zip _____

Subdivision _____ Phase _____ Lot # _____

Model _____ Elevation _____ Lot Area _____ sq.ft. Impervious area _____ sq.ft.

Legal Description _____

Alternate Key # _____

PROJECT INFORMATION Single Family Residence _____ Duplex _____ Townhome _____ Commercial _____

Demolition _____ New _____ Alteration _____ Addition _____ Repair _____ Reroof _____

Scope of work to be performed _____

Project Cost \$ _____ Project cost of \$2,500 or over requires the recording of a notice of commencement

Bonding Company _____

Address _____

Architect's Name _____ License # _____ Phone # _____

Engineer's Name _____ License # _____ Phone # _____

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

Detached Garage Yes No Garage Value \$ _____ Sewer Septic _____ Sprinkler Yes No _____

Required work: Plumbing _____ Electrical _____ Mechanical _____ Gas _____ Roofing _____

SUBCONTRACTORS	Company Name	Fla. License # Reg/Cert	License Holders Name
Elect	_____	_____	_____
Mech	_____	_____	_____
Plumb	_____	_____	_____
Gas	_____	_____	_____
Fire	_____	_____	_____
Roof	_____	_____	_____

OWNER'S INFORMATION

Name(s) _____

Address # _____ Street _____ City _____

State _____ Zip _____ Phone # _____ Email _____

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

Address # _____ Street _____ City _____

State _____ Zip _____ Phone # _____ Email _____

CONTRACTOR'S INFORMATION

Qualifier Name: Last _____ First _____ License # _____

Company Name _____ Address # _____ Street _____

City _____ State _____ Zip _____ Phone # _____ Email _____

- 1. All Building Permit submittals for new home or new commercial building must be in digital format.
- 2. Submit digital permit applications to PERMITTING@GROVELAND-FL.GOV
- 3. Re-inspection fees must be paid prior to scheduling a re-inspection.
- 4. Incomplete permit applications will not be processed until complete.
- 5. To schedule an inspection email request to: inspectionrequest@alpha-inspections.net

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO ISSUANCE OF A PERMIT.

OWNER'S SIGNATURE _____

STATE OF FLORIDA

COUNTY OF LAKE

Sworn to (or affirmed) and subscribed before me this ____ day of ____ by _____
(owner)

(Seal) _____
Signature of Notary Public

Personally Known: _____

OR Produced Identification: _____

Type of Identification Produced: _____

CONTRACTOR'S SIGNATURE _____

STATE OF FLORIDA

COUNTY OF LAKE

Sworn to (or affirmed) and subscribed before me this ____ day of ____ by _____
(contractor)

(Seal) _____
Signature of Notary Public

Personally Known: _____

OR Produced Identification: _____

Type of Identification Produced: _____

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



Notice of Commencement Requirements

**Please review the items listed below before completing
the Notice of Commencement**

1. Legal Description - You can put the alternate key number here instead of filling out the complete legal description.
Street Address: Please enter the job site street address

2. General Description of Improvement - Need the job description of the work being performed. Do not put new structure, we need to know what type of structure, example single family residence, mobile home, garage, screen room, etc.

3. Owner's Information or Lessee Information - Owner's names need to match the warranty deed or property record card. If the deed is in more than one name then all names must be listed as owner. (Only one person will need to sign the notice of commencement).

If Lessee information is entered please make sure the name matches the lease agreement.

4. Contractor Information---Enter the name and address of the contractor, if the homeowner is performing the work then enter Owner.

Signature Section

Signature of Owner or Lessee, or Owner's or Lessee's authorized Officer/Director/Partner/Manager--

Please have an authorized person sign---If in an individual name, anyone listed in section 3 as owner can sign.

If in a company name, the person signing must be authorized to sign the Notice of Commencement.

Signatory's Title/Office--- If the person signing is the owner of the property write owner.

If the property is in a company name have the authorized signer enter their title... President, Officer, Partner, Manager, etc. (Cannot be left blank)

Please make sure the Notary acknowledgement section is fully completed.

Date - the date the document is notarized

By - The name of the person signing the Notice of Commencement

Type of authority - Signers title... owner, president, manager, etc.

For - Name of the company or the owner's name.

Type of identification - cannot be blank, must show type of identification presented or circle personally known.

After recording, return to:

Permit No.: _____
Tax Folio No.: _____

Notice of Commencement

State of Florida | County of Lake

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of the Property: *(legal description of the property and street address if available)*

Legal Description: _____
Street Address: _____

2. General Description of Improvement

3. Owner's Information or Lessee information if the lessee contracted for the improvement:

Name: _____
Address: _____
Interest in Property: _____
Name & Address of fee simple titleholder *(if different than owner)*: _____

4. Contractor Information

Name: _____ Phone No.: _____
Address: _____

5. Surety *(if applicable, a copy of the payment bond must be attached)*:

Name: _____ Phone No.: _____
Address: _____ Amount of Bond: \$ _____

6. Lender Information:

Name: _____ Phone No.: _____
Address: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:

Name: _____ Phone No.: _____
Address: _____

8. In addition to himself or herself, Owner designates _____ of _____
to receive a copy of the following Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: Phone No.: _____

9. Expiration date of notice of commencement *(the expiration date will be 1 year from the date of recording unless a different date is specified)*.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ as _____
_____ for _____ who
Type of authority (i.e. officer, trustee, attorney in fact) *Name of party on behalf of whom instrument was executed*

is personally known or produced _____ as type of identification.

Signature of Notary Public – State of Florida (print, type or stamp commissioned name of Notary Public)

OWNER BUILDER DISCLOSURE STATEMENT PER FL STATUTE 489.103

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.
4. I understand that I may build or improve a one-family or two family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
5. I understand that, as owner-builder, I must provide direct, onsite supervision of the construction.
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.
7. I understand that it is a frequent practice of unlicensed persons to have a property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries to workers on my property.
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
9. I agree that, as the party legally and finically responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes and zoning regulations.
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at **850-487-1395** or www.myfloridalicense.com/construction-industry/ for more information about licensed contractors.

11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following **address:**

_____.

12. I agree to notify **City of Groveland Building Department** immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and the Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

Signature: _____ **Date:** _____

STATE OF _____ **COUNTY OF** _____

Sworn to and subscribed and acknowledged before me this _____ day of _____ 20_____

by _____, who is personally known to me or who has produced _____ as identification and who did ___ or did not ___ take an oath.

_____ (signature of NOTARY PUBLIC)

_____ (Printed name of NOTARY PUBLIC)

State of _____ at Large My commission expires: _____

LIMITED POWER OF ATTORNEY

Date: _____

I hereby name and appoint: _____

an agent of: _____
(Name of Company)

to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment for **(check only one option)**:

All permits and applications submitted by this contractor.

The specific permit and application for work located at:

(Street Address)

Expiration Date for This Limited Power of Attorney: _____

License Holder Name: _____

State License Number: _____

Signature of License Holder: _____

STATE OF FLORIDA
COUNTY OF _____

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

Signature

(Notary Seal)

Print or type name

Notary Public - State of _____

Commission No. _____

My Commission Expires: _____