



## Re-Roof Permit Checklist

- Application
- Property Record Card
- Notice of Commencement
- Owner/Builder Affidavit (if applicable)
- Product Approval
- Roof sketch to including the pitch, deck type, and thickness

### INSPECTION REQUIREMENTS

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. 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.**



# CITY OF GROVELAND

## BUILDING PERMIT APPLICATION

Date Received: \_\_\_\_\_

Permit # \_\_\_\_\_

### PROPERTY INFORMATION

Address # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision \_\_\_\_\_ Phase \_\_\_\_\_ Lot \_\_\_\_\_

Alternate Key # \_\_\_\_\_ Sewer  Septic

**PROJECT INFORMATION:** Single Family Residence  Multi-family  Commercial  Industrial

PURPOSE: Demolition  New  Addition  Alteration  Other

Job Value \$ \_\_\_\_\_ Project cost of \$2,500 or more requires recorded Notice of Commencement

Scope of Work \_\_\_\_\_

### OWNER'S INFORMATION

Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Fee Simple Titleholder Name (if different than owner) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

### CONTRACTOR INFORMATION

Company Name \_\_\_\_\_ License # \_\_\_\_\_

Qualified Name: Last \_\_\_\_\_ First: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Bonding Company \_\_\_\_\_

Address \_\_\_\_\_

Architect \_\_\_\_\_ Engineer \_\_\_\_\_

**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.**

SUBCONTRACTOR'S

Electric \_\_\_\_\_ Qualifier \_\_\_\_\_ License # \_\_\_\_\_

Plumbing \_\_\_\_\_ Qualifier \_\_\_\_\_ License # \_\_\_\_\_

Mechanical \_\_\_\_\_ Qualifier \_\_\_\_\_ License # \_\_\_\_\_

Gas \_\_\_\_\_ Qualifier \_\_\_\_\_ License # \_\_\_\_\_

Roofer \_\_\_\_\_ Qualifier \_\_\_\_\_ License # \_\_\_\_\_

Irrigation \_\_\_\_\_ Qualifier \_\_\_\_\_ License # \_\_\_\_\_

Fire \_\_\_\_\_ Qualifier \_\_\_\_\_ License # \_\_\_\_\_

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

\_\_\_\_\_  
CONTRACTOR OR OWNER/BUILDER SIGNATURE

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Signature

Personally Known:

Or Produced Identification:

Type of Identification Produced: \_\_\_\_\_

1. All new construction SFR or commercial building permits must be in digital format.
2. Submit digital permit applications via the etrakit portal <https://gvld-trk.asp.gov.com/etrakit/> or by email to [PERMITTING@GROVELAND-FL.GOV](mailto:PERMITTING@GROVELAND-FL.GOV)
3. Incomplete permit applications will not be processed until complete
4. Schedule inspections thru the etrakit portal: <https://gvld-trk.asp.gov.com/etrakit/>

City of Groveland Building Division  
6825 SR 50, Groveland, FL 34736  
Phone (352)429-2141 Opt 2  
Email: [permitting@groveland-fl.gov](mailto:permitting@groveland-fl.gov)

Revised 10-23

**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.

# 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](http://www.floridabuilding.org)

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
<b>1. EXTERIOR DOORS</b>			
A. SWINGING			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
<b>2. WINDOWS</b>			
A. SINGLE/DOUBLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
<b>3. PANEL WALL</b>			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
<b>4. ROOFING PRODUCTS</b>			
A. ASPHALT SHINGLES			
B. NON-STRUCT METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
<b>5. STRUCT COMPONENTS</b>			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
<b>6. NEW EXTERIOR ENVELOPE PRODUCTS</b>			
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 manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

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\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

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 and is owned by an individual not a corporation or LLC. 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 financially 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/](http://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)



# 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: \_\_\_\_\_