



Union County Building Department

15 Northeast 1st Street, Lake Butler, FL 32054 • Phone: 386-496-2676 • Fax: 386-496-4240

ROOFING APPLICATION

The owner or Roofing Contractor must pull the permit.

A recorded Notice of Commencement must be recorded at the Clerk of Court (\$10 fee) for projects over \$2,500.00.

Parcel Number: _____

Property Owner: _____

Mailing Address: _____

Phone Number: _____

911/Site Address: _____

PERMIT TYPE: Re-roof or Roof over (Check one)

TYPE OF ROOF: Metal or Shingles (Check one)

Contractor Name: _____

Business Name: _____

Mailing Address: _____

Phone Number: _____

License Number: _____

Estimated Cost: \$ _____

- **911 address posted at the road and house numbers on home if more than 50 feet from road**

Owner or Contractor Affidavit:

I _____ certify that all the foregoing information is accurate and true, and that all work will be done in compliance with all applicable laws regulating construction, contractor licensing and zoning. I am responsible for the supervision and completion of the construction.

Signature: _____ Date: _____

(Whoever is pulling the permit)

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, Personally known or

Produced ID, type of ID _____

Notary Public

