## HERNANDO COUNTY COMMERCIAL BUILDING PERMIT APPLICATION

Describe Work To Be Done: \_\_\_\_\_

# MUST HAVE THIS INFORMATION - Valuation of work to be done: \$

Toperty Owner.			
Address:	City:	State:	Zip:
Interest in Property:			
Name of Fee Simple Titleholder: (If other than Owner:			
Address:	City:	State:	Zip:

Architect:	Phone: ( )		
Address:	City:	State:	Zip:
Site Civil Engineer:	Phone: ( )		
Address:	City:	State:	Zip:
Building Engineer:	Phone: ( )		
Address:	City:	State:	Zip:

Public Contact Person – Responsible for	Coordination of Project:		
Address:	City:	State:	Zip:
Email:			
Phone: ( )	Fax: (	)	

Building Contractor:	License # - State Certification
Phone: ( )	or Hernando Co. # Only Fax: ( )
	1 a. ( )
Email:	
Electrical Contractor:	License # - State Certification
	or Hernando Co. # Only
Phone: ( )	Fax: ( )
Email:	
Linkin.	
Plumbing Contractor:	License # - State Certification
	or Hernando Co. # Only
Phone: ( )	Fax: ( )
Email:	
Mechanical Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ( )	Fax: ( )
Email:	
Roofing Contractor:	License # - State Certification
	or Hernando Co. # Only
Phone: ( )	Fax: ( )
Email:	
Underground Utilities Contractor:	License # - State Certification or
Phone: ( )	Hernando Co. # Only Fax: ( )
	1°ax. ( )
Email:	
Paving Contractor:	License # - State Certification or
r aving Contractor.	Hernando Co. # Only
Phone: ( )	Fax: ( )
Email:	
Ellian.	
Gas Line Contractor (within building only):	License # - State Certification or
	Hernando Co. # Only
Phone: ( )	Fax: ( )
Email:	

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 this jurisdiction. I understand that a permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, ETC.

**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 FOR JOBS IN WHICH THE VALUATION EXCEEDS \$2500.00 MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner or Agent (Including Contractor)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  $\Box$  physical presence or  $\Box$  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_.

□ Personally Known OR □ Produced Identification

Type of Identification Produced

Application accepted by \_\_\_\_\_

NOTARY PUBLIC

Commercial Permit Representative

Hernando County Development Services 789 Providence Blvd. Brooksville, FL 34601 Phone: (352) 754-4050 Fax: (352) 754-4151

www.co.hernando.fl.us

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## HERNANDO COUNTY PRODUCT APPROVAL SUBMITTAL SHEET PAGE 2

Application/Permit #		Address		Owner:		Contractor:		
Product	Model # or Name	Series	Manufacturer	Design Pressure	Attachment Method	Approval Number/Seq#	Valid/Cert/ Approval Entity	Expiration Date
Roofing								
Soffit								
Hurricane panels/Shutters								
Panel Walls								
Fasteners								
Other structural Components								
New/Bld Envelope								

### COMMERCIAL RE-ROOFING INFORMATION SHEET

Type of Building:  Multi-Area to be covered:  Multi-	Family (Triple) ain Roof 🛛 🗖	cover <b>D</b> R ( or greater) Front (Overha	epair <b>Area</b> : □under 5,000 □ Commercial Building ang/Facade) □ Rear (Porch	Commei Commei Cover) Cover	cial Accessory Building les	
					0	
PERMIT NO:		Da	te Issued:			
LOCATION ADDRESS:						
LOCATION ADDRESS:       License #						
Roof Type	Slope	# of Sq's	Name of Manufacturer	Spec #	Insulation & Type	
Shingle **	:				Not Required	
Metal	:					
Modified Bitumen	:					
Tile: Concrete	:				Not Required	
Clay	:				Not Required	
Slate	:				Not Required	
Built-Up	:					
Other:	:					

Florida Product Approval required for roofing and cladding. Hernando County forms <u>MUST</u> be used.

\*\*FBC Code Sections listed are not all inclusive, but reminders of several key areas. You are expected to follow all of the required codes.\*\*

Section 109.1, Florida Building Code (FBC): General. Construction or work for which a permit is required shall be subject to inspection by the building official and such construction or work shall remain accessible and exposed for inspection purposes until approved. <u>Neither the building official nor the jurisdiction</u> shall be liable for expense entailed in the removal or replacement of any material required to allow inspection.

A permit holder (owner/contractor) is responsible for requesting a final inspection within **ten (10) business days** of the completion of permitted work, and if applicable, re-inspection within **seven (7) business days** of the issuance of a red tag. A person failing to request an inspection as described in this section is deemed to have violated this code, including, but not limited to, Hernando County Code of Ordinances Section 8-47 and 8-62 (1)(d), (j), (n), and (p), and is subject to applicable disciplinary guidelines/penalties as provided for in the Hernando County Code of Ordinances, Chapter 8.

#### Section 1604.1, FBC: General.

Building, structures and parts thereof shall be designed and constructed in accordance with strength design, load and resistance factor design, allowable stress design, empirical design or conventional construction methods, as permitted by the applicable material chapters.

Section 1507.1, FBC: Roof coverings shall be applied in accordance with the provisions of 1507 and the manufacturer's installation instructions.

Section 1507.2.8, FBC: Underlayment application:

#### 2:12 Pitch to 4:12 Pitch

Unless otherwise noted, required underlayment shall conform to ASTM D 226, Type I or Type II, or ASTM D 4869 Type I or Type II.

(1) Apply 19" strip of underlayment parallel at eaves, fasten sufficiently to stay in place

(2) Starting at eave, apply 36" wide underlayment overlapping successive sheets 19" and fasten sufficiently to hold in place.

#### 4:12 Pitch to 20:12 Pitch

For roof slopes of four units vertical in 12 units horizontal (33-percent slope) or greater, underlayment shall be one layer applied in the following manner. Underlayment shall be applied shingle fashion, parallel to and starting from the eave and lapped 2 inches (51 mm), fastened only as necessary to hold in place.

#### Section 1507.2.8.1, FBC: High wind attachment.

Underlayment applied in areas subject to high winds (greater than 110 mph in accordance with Figure 1609) shall be applied with corrosion-resistant fasteners in accordance with the manufacturer's instructions. Fasteners are to be applied along the overlap at a maximum spacing of 36 inches (914 mm) on center.

#### Section 1509.7, FBC: Mechanical units.

Roof mounted mechanical units shall be mounted on curbs raised a minimum of 8 inches (203 mm) above the roof surface, or where roofing materials extend beneath the unit, on raised equipment supports providing a minimum clearance height in accordance with Table 1509.7.

Section 1510, *FBC*: Materials and methods of application used for recovering or replacing an existing roof covering shall comply with the requirements of Chapter 15. Roof repairs to existing roofs and roof coverings shall comply with the provisions of **Chapter 34**. **Chapter 34**, *FBC*: **Existing Buildings**,

3401.1 Scope. Alteration, repair, addition, relocation and change of occupancy of existing structures and buildings shall comply with the provisions of the *Florida Existing Building Code*.

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