



Ron Frank von Frankenstein  
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### Town of Howey-in-the-Hills Permit Application Check List

Site Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Person Phone #: Home: \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

This Checklist must be completed and submitted with your Permit Application

- \_\_\_\_\_ Application Form
- \_\_\_\_\_ Property Record Card (download from [www.lakecopropappr.com](http://www.lakecopropappr.com))
- \_\_\_\_\_ Two sets of Engineered Plans or Scope of Work
- \_\_\_\_\_ Two sets of Surveys or Plot Plans depending on the type of job
- \*Effective as of July 20, 2017\* The following paper sizes will be used for all plans and drawings submitted:
  1. For all new construction, residential or commercial, the plans must be printed on architectural size D paper (24"x36") or larger.
  2. For all renovations or alterations and for Pools, Residential or Commercial, the plans must be printed on Architectural size C paper (18"x24") or larger.
  3. For sheds, fences, window or door replacements, etc., Residential or Commercial, the plans must be printed on Architectural size A paper (9"x12"), or size B paper (12"x18"), or Legal size (8 1/2 x 11 or 8 1/2 X 14).
- \_\_\_\_\_ Copies of Zoning Clearance
- \_\_\_\_\_ Two copies of Truss Engineering
- \_\_\_\_\_ Two sets of Energy Codes
- \_\_\_\_\_ Copy of Contract for: Pools, Alum., Construction, Windows, Renovations, Re-roof, etc.
- \_\_\_\_\_ Recorded Notice of Commencement required for projects over \$2,500.00 (\$7,500.00 Mechanical)
- \_\_\_\_\_ Environmental Health (Septic Only). Evaluation Permit from Lake County Health Department. If you have any questions, call (352) 253-6130 Owner / Builder Form
- \_\_\_\_\_ Product Approval Specification Sheet
- \_\_\_\_\_ \*Copy of License
- \_\_\_\_\_ \*Copy of General Liability Insurance
- \_\_\_\_\_ \*Copy of Workers Compensation Insurance
- \_\_\_\_\_ \*Letter of Authorization from Owner/Contractor
- \_\_\_\_\_ \*Letter of Authorization from Subs to Contractor
- \_\_\_\_\_ Pool Barrier Certificate
- \_\_\_\_\_ **FOR NEW CONSTRUCTION ONLY:** Wastewater Certificate from CDD (if applicable)
- \_\_\_\_\_ **FOR NEW CONSTRUCTION ONLY (SFR):** Impact Fee receipt for Lake County Impact Fees
- \_\_\_\_\_ **FOR NEW CONSTRUCTION ONLY (SFR):** Landscape Design Plans
- \_\_\_\_\_ Set of plans on a CD or Thumb Drive



**\*\*Provide building finish. All accessory structures that exceed 144 sq ft shall have same building finishes as the primary structure, including exterior materials (i.e., stucco, siding, and brick) and color. \* If applicable to your project\* - \* Commercial or Tenant must use a Contractor (Form 2015)**

## Town of Howey-in-the-Hills Building Permit Application

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

Alt Key: \_\_\_\_\_ Building Permit #: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Fee Simple Titleholder (If other than Owner) \_\_\_\_\_

Fee Simple Address (If other than Owner) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractors Phone #: \_\_\_\_\_

Contractor's State Certification or Registration No: \_\_\_\_\_

Job Name: \_\_\_\_\_ Estimated Value \$: \_\_\_\_\_

Job Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ # Stories: \_\_\_\_\_

Job Description: \_\_\_\_\_

Total Sq. Ft.: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

Proposed Occupancy: \_\_\_\_\_ Current Code: Florida Building Code 2014

Legal Description: \_\_\_\_\_ Section: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Lot: \_\_\_\_\_

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

Bonding Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Architectural Engineer: \_\_\_\_\_

Architectural Engineer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**OWNER'S AFFIDAVIT: I certify that all the forgoing information is accurate and that all work will be done in compliance with the applicable laws regulating construction and development, and that the building is designed per code-mandated wind load design.**

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

THE ISSUANCE OF A BUILDING PERMIT DOES NOT ASSURE THE BUILDING SETBACKS HAVE BEEN MET OR THAT THE STRUCTURE DOES NOT ENCROACH ON AN EASEMENT OR OTHER PROPERTY. THE OWNER AND / OR CONTRACTOR HAVE THE SOLE RESPONSIBILITY OF DETERMINING COMPLIANCE WITH SETBACKS AND NON-ENCROACHMENT OF EASEMENTS AND OTHER PROPERTY. IF THE BUILDING OFFICIAL DETERMINES THE STRUCTURE DOES NOT MEET APPLICABLE SETBACKS OR IMPROPERLY ENCROACHES ON AN EASEMENT OR OTHER PROPERTY, THE OWNER IS RESPONSIBLE FOR MOVING THE STRUCTURE, RESTORING THE EASEMENT AND OTHER PROPERTY TO ITS ORIGINAL CONDITION, OR OTHERWISE MAKING THE STRUCTURE COMPLY WITH THE TOWN OF HOWEY-IN-THE-HILLS' SETBACKS AND OTHER LAND USE REQUIREMENTS.

*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 separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, SPAS, TANKS and AIR CONDITIONERS, etc.*

Owner Signature: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON: \_\_\_\_\_

BY: \_\_\_\_\_

HE/SHE IS PERSONALLY KNOWN TO ME OR HAS PRESENTED: \_\_\_\_\_

AS IDENTIFICATION AND WHO DID \_\_\_\_\_ OR DID NOT TAKE AN OATH \_\_\_\_\_

\_\_\_\_\_  
SEAL

\_\_\_\_\_  
NOTARY PUBLIC

**Trade Company Name:**

**License #:**

**Phone #:**

Electrician: \_\_\_\_\_

Plumber: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Concrete: \_\_\_\_\_

Roofer: \_\_\_\_\_

Framer: \_\_\_\_\_

Gas: \_\_\_\_\_

Irrigation: \_\_\_\_\_

After Recording Return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE OF COMMENCEMENT**

Astatula, Clermont, Eustis, Fruitland Park, Howey in the Hills, Groveland, Lady Lake, Lake County, Leesburg, Mascotte, Minneola, Montverde, Mount Dora, Tavares, Umatilla

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

Tax Folio or Alternate Key#: \_\_\_\_\_

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 property: Legal Description: (legal description of the property, and street address if available): \_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

2. General description of improvement: \_\_\_\_\_

\_\_\_\_\_

3. Owner's Information: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Interest in Property: \_\_\_\_\_

Name and Address or fee simple Titleholder if other than owner): \_\_\_\_\_

\_\_\_\_\_

4. Contractor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

5. Surely Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

6. Lender Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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: \_\_\_\_\_

Address: \_\_\_\_\_

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

8. In addition to himself or herself, Owner designates to receive a copy of the following Lienor's Notice as Provided in Section 713.13 (1) (b), Florida Statutes:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

9. Explanation date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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 Owners Authorized Officer/Director /Partner /Manager

\_\_\_\_\_  
Printed Name & Signatory's Title/Office

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

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, type or Stamp Commissioned Name of Notary Public

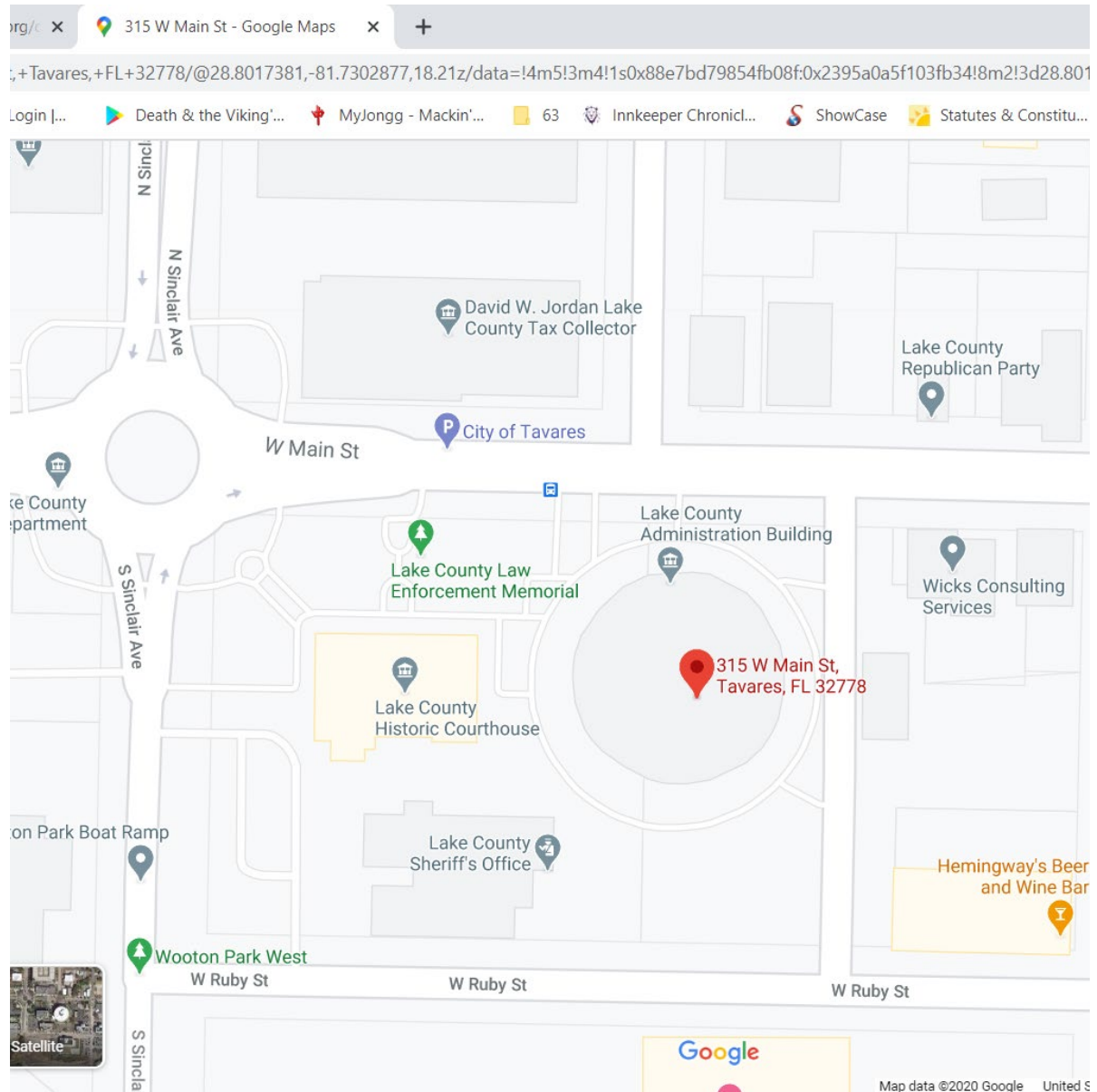
Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Natural Person (Owner) Signing Above

Recording Office Location  
Lake County Courthouse (CH)  
315 W. Main Street  
Tavares, FL 32778  
Phone: (352) 253-2600  
Fax: (352) 253-2616

Website: [https://www.lakecountyfl.gov/offices/building\\_services/permitting/index.aspx](https://www.lakecountyfl.gov/offices/building_services/permitting/index.aspx)

Florida Building Codes: <https://www.floridabuilding.org/c/default.aspx>





**PLANNING AND ZONING BOARD  
APPLICATION FOR ZONING CLEARANCE**

Check all that apply: \_\_\_\_\_ Single Family Home(s)/ or 1 Residential Accessory Structure(s)  
\_\_\_\_\_ Duplex(s)  
\_\_\_\_\_ Commercial or Commercial Accessory Structure(s)

Application Number: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Application Fee paid by: Cash \_\_\_\_\_ Check No: \_\_\_\_\_

FOR ZONING CLEARANCE APPLICATION: (Please print legibly) Submit four (4) complete sets of signed & sealed building plans, including plot plan/survey showing general location, property (lot) lines, specifications, configuration, and square footage of existing and proposed improvements (including attached garage for new single family home construction), living area (single-family only), setbacks from property (lot) lines, tree placement (must have at least 3). Additionally, submit 10 copies (11 x 17 -tabloid size) of the signed and sealed plans, which also include the plot plan/survey along with an electronic copy. If Required by Section 1-9.20) of the Land Development Regulations, a soil erosion and sedimentation control plan shall be submitted.

NOTICE: A fee of \$75 is due with this Zoning Clearance Application. The Zoning Clearance Application is only valid for six (6) months from date of approval. If this item needs to be heard by the Planning & Zoning Board, all completed documentation is to be submitted to the Town Clerk by 12:00 p.m. (noon), 14 days prior to the meeting date. The Planning & Zoning Board meets the 4th Thursday of each month at 6:00 p.m. in the Town Hall Council Chambers, unless otherwise posted.

DESCRIPTION OF PROPOSED STRUCTURE/MODIFICATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STREET ADDRESS OF PROPERTY: \_\_\_\_\_

LOT(S) NO: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SQ. FT. LIVING AREA OF STRUCTURE: \_\_\_\_\_  
SIDE YARD SETBACKS: \_\_\_\_\_ FRONT SETBACKS: \_\_\_\_\_ REAR SETBACKS: \_\_\_\_\_  
TREE REMOVAL (Permit Required): \_\_\_\_\_ ZONING: \_\_\_\_\_  
100-YEAR FLOOD ELEVATION \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTRACTOR SIGNATURE: \_\_\_\_\_  
CONTRACTOR PHONE: (        ) \_\_\_\_\_  
CONTRACTOR EMAIL: \_\_\_\_\_  
OWNERS NAME (Please Print): \_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLANNING AND ZONING BOARD MEMBER APPROVAL:

NOTE: Residential accessory structures include screen enclosures, pools, decks, fences, sheds, and similar items.

Chair: Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Vice Chair: Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Member: Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Member: Print: \_\_\_\_\_ Signature: \_\_\_\_\_

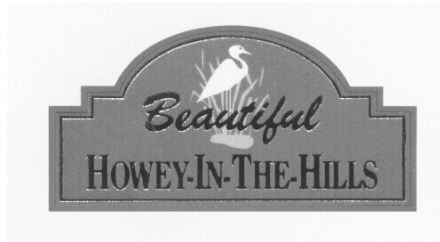
Member: Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Member: Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Member: Print: \_\_\_\_\_ Signature: \_\_\_\_\_



Florida Statute 455. 228(1)  
Homeowners hiring  
unlicensed contractors  
may be subject to a fine of  
up to \$5,000.00



## HOWEY-IN-THE-HILLS OWNER/BUILDER

**TO QUALIFY FOR EXEMPTION UNDER ANY OF THE FOLLOWING SUBSECTIONS, AN OWNER MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT APPLICATION. A POWER OF ATTORNEY CANNOT BE ACCEPTED.**

### DISCLOSURE STATEMENT

Initials: \_\_\_\_\_ BUILDING, PLUMBING, AND/OR MECHANICAL INSTALLATION

#### STATEMENT REQUIRED BY FLORIDA STATUTE 489.103(7)

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use and occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within one (1) year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building.

### DISCLOSURE STATEMENT

Initials: \_\_\_\_\_ ELECTRICIAN INSTALLATION

#### STATEMENT REQUIRED BY FLORIDA STATUTE 489.503(6)

State law requires electrical contracting to be done by licensed electrical contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own electrical contractor even though you do not have a license. You may install electrical wiring for a farm outbuilding or a single-family or duplex residence. You may also install electrical wiring in a commercial building the aggregate construction costs of which are under \$25,000. The home or building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease more than one building you have wired yourself within one (1) year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your electrical contractor.

\_\_\_\_\_ Initials: It is your responsibility to make sure that the people employed by you have licenses required by State law and by county or municipal licensing ordinances.

\_\_\_\_\_ Initials: You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done.

\_\_\_\_\_ Initials: Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law.

\_\_\_\_\_ Initials: Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

\_\_\_\_\_ Initials: Pursuant to Chapter 455.228 of the Florida Statutes, any individual who aids and abets the unlicensed practice of a profession by employing such unlicensed person may be fined up to \$5,000.

I will assume full responsibility as an Owner/Builder Contractor, and will personally supervise all work permitted. I hereby acknowledge that I have read and understand the above statements.

\_\_\_\_\_  
Print: Builder/Owner

\_\_\_\_\_  
Signature: Builder/Owner Name

Owner's Address: \_\_\_\_\_

The Forgoing instrument was acknowledged before me this day: \_\_\_\_/\_\_\_\_/\_\_\_\_

by \_\_\_\_\_ who is personally known to me/who produced as  
\_\_\_\_\_ identification and who did not take an oath.

Seal: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

# 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.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
<b>1. EXTERIOR DOORS</b>			
A. SWINGING			
B. SLIDING			
C. SECTIONAL			
D. ROLLUP			
E. AUTOMATIC			
F. OTHER			
<b>2. WINDOWS</b>			
A. SINGLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. DOUBLE HUNG			
E. FIXED			
F. AWNING			
G. PASS THROUGH			
H. PROJECTED			
I. MULLIEN			
J. WIND BREAKER			
K. DUAL ACTION			
L. OTHER			
<b>2. PANEL WALL</b>			
A. SIDING			
B. SOFFIT			
C. ELFS			
D. STORE FRONT			
E. CURTAIN WALLS			
F. WALL LOUVER			
G. GLASS BLOCK			
H. MEMBRANE			
I. GREENHOUSE			
J. OTHER			
<b>3. ROOFING PRODUCTS</b>			
A. ASPHALT SHINGLES			
B. UNDERLAYMENTS			
C. ROOFING FASTENERS			
D. NON-STRUCTURAL MET AL ROOFING			
E. WOOD SHINGLES AND BRAKES			
F. ROOFING TILES			

G. ROOFING INSULATION			
H. WATERPROOFING			
I. BUILT UP ROOFING ROOF SYSTEMS			
J. MODIFIED BITUMEN			
K. SINGLE PLY ROOF SYSTEM			
L. ROOFING SLATE			
M. CEMENTS-ADHESIVES COATINGS			
N. LIQUID APPLIED ROOF SYSTEMS			
O. ROOF TILE ADHESIVE			
P. SPRAY APPLIED POLYURETHANE ROOF			
Q. OTHER			
5. SHUTTERS			
A. ACCORDION			
B. BAHAMA			
C. STORM PANELS			
D. COLONIAL			
E. ROLL-UP			
F. EQUIPMENT			
O. OTHERS			
6. SKYLIGHTS			
A. SKYLIGHT			
B. OTHER			
7. STRUCTURAL COMPONENTS			
A. WOOD CONNECTORS/ANCHORS			
B. TRUSS PLATES			
C. ENGINEERED LUMBER			
D. RAILING			
E. COOLERS-FREEZERS			
F. CONCRETE ADMIXTURES			
G. MATERIAL			
H. INSULATION FORMS			
I. PLASTICS			
J. DECK-ROOF			
K. WALL			
L.SHEDS			
M.OTHER			
8.NEW EXTERIOR ENVELOP PRODUCTS			
A.	_____		
B.	_____		

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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) the 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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Application Signature

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Date



**RE-ROOFING INSPECTION AFFIDAVIT**

PERMIT NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

STRUCTURE TYPE: SINGEL FAMILY \_\_\_\_\_ MOBILE \_\_\_\_\_ COMMERCIAL/CONDOMINIUM \_\_\_\_\_

REROOF TYPE: Tear Off Existing & Replace \_\_\_\_\_ New Roof Over Existing Roof \_\_\_\_\_

(If damaged decking replacement Is required, inspection Is required.)

Job Description: Square Footage: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Roof & Florida Product approval numbers

- \_\_\_\_\_ Coating Only FL#
- \_\_\_\_\_ Underlayment FL#
- \_\_\_\_\_ Fiberglass Shingle FL#
- \_\_\_\_\_ Wood Shingle or Shake FL#
- \_\_\_\_\_ Modified Bitumen FL#
- \_\_\_\_\_ EPDM • hypalon or pvc one ply FL#
- \_\_\_\_\_ Smooth Surfaced Built-up FL#
- \_\_\_\_\_ Tile FL#
- \_\_\_\_\_ Metal - Direct attachment FL#
- \_\_\_\_\_ Metal with Purlins FL#

Slope of Roof: less than 2:12<sub>2</sub> \_\_\_\_\_ 2:12 - 4:12<sub>2</sub> \_\_\_\_\_ 4:12 or greater \_\_\_\_\_

<sub>2</sub> No shingle application allowed,

<sub>3</sub> Multi-layer underlayment requires inspection or digital photographs for verification

Ventilation:

\_\_\_\_\_ Turbines • qty      \_\_\_\_\_ OH-ridge Vent • qty      \_\_\_\_\_ Powered Vent – qty \_\_\_\_\_

Flashing:

\_\_\_\_\_ Use existing      \_\_\_\_\_ Repair Existing Flashing      \_\_\_\_\_ Replace All Flashing  
\_\_\_\_\_ Replace w/L-Flashing      \_\_\_\_\_ Replace w/step Flashing

Drip Edge:

\_\_\_\_\_ Use Existing      \_\_\_\_\_ Repair Existing Drop Edge      \_\_\_\_\_ Replace All Drip Edge

Valley Treatment:

\_\_\_\_\_ Use Existing Valley      \_\_\_\_\_ New Metal      \_\_\_\_\_ New Mineral Surface

**Note: This information sheet must be available for Inspectors' use at time of final Inspection, with a notarized dry-In affidavit, All the documents will become part of the inspection record. on-site inspections per FBC 109, may be required by the Building Department to verify code compliance.**



**Re-Roofing Inspection Affidavit Nailing,  
Sheathing, Dry-In & Flashing  
RE-ROOF ONLY· NOT FOR NEW CONSTRUCTION**

Permit No: \_\_\_\_\_ Address: \_\_\_\_\_

I, \_\_\_\_\_, (Please print name and circle LLC, Type) as a(n) Contractor\* /Engineer/ Architect, FS 468 Building Inspector, 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 has/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 553.844.FS),

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company/Contractor: \_\_\_\_\_

**A HOWEY-IN-THE-HILLS FINAL ROOFING INSPECTOR IS REQUIRED:**

This signed and notarized affidavit must be provided at the job site at time of the final roofing inspection.

STATE OF FLORIDA COUNTY OF LAKE: This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by the above referenced individual, \_\_\_\_\_ who acknowledged that he/she is a duly licensed contractor with \_\_\_\_\_, and who acknowledged that he/she was authorized to execute this document. He/she is either personally known to me \_\_\_\_\_ - or produced \_\_\_\_\_ as valid identification.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Seal: \_\_\_\_\_ Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\*General, Building, Residential or Roofing Contractor or any individual certified under 468 F.S. Building Inspector to make such an inspection.