

Permit Application Information - Page Two

Permit Number _____

Owner's Name _____

Owner's Address _____

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

Fee Simple Titleholder's Address (If other than owner's) _____

City _____ **State** _____ **Zip Code** _____

Contractor's Name Top Notch Roofing, Inc.

Contractor's Address 2888 W. Lake Mary Blvd.

City Lake Mary **State** Florida **Zip Code** 32746

Job Name _____

Job Address _____ SUITE/UNIT _____

City _____ State _____ Zip Code _____

Bonding Company Name _____

Bonding Company Address _____

City _____ State _____ Zip Code _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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, PLUMBING, GAS, MECHANICAL, ROOFING, SIGNS, POOLS, 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 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.

Owner Signature _____

The foregoing instrument was acknowledged before me this ___/___/___
by _____ who is personally known to me
and who produced _____
_____ as identification and who
did not take an oath.

Notary as to Owner _____

Commission No. _____

State of FL. County of _____

My Commission expires: _____

(SEAL)

Contractor Signature _____

The foregoing instrument was acknowledged before me this ___/___/___
by _____ who is personally known to me
and who produced _____
_____ as identification and who
did not take an oath.

Notary as to Contractor _____

Commission No. _____

State of FL. County of _____

My Commission expires: _____

(SEAL)

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.