

Pinellas County
Building and Development Review Services Department

A Quality Inspection Agency
310 COURT ST. CLEARWATER, FL 33756

ROOF COVERING INSTALLATION LIST

NOTICE: THIS FORM COMPLETES THE PERMITTING PROCESS. THIS FORM MUST BE
SUBMITTED BEFORE THE ROOFING WORK BEGINS.

CPR / PERMIT NUMBER _____ / _____

RESIDENTIAL _____ COMMERCIAL _____

CONSTRUCTION ADDRESS _____

ROOFING CONTRACTOR _____ PCCLB NO. _____
(INDIVIDUAL'S NAME)

COMPANY NAME _____ FCILB NO. _____
(DBA)

ROOF COVERING CODE COMPLIANCE AND PRODUCT IDENTIFICATION PER FBC

PITCH OF ROOF _____ AREA _____

SHINGLE _____ TILE _____ OTHER _____

UNDERLAYMENT _____

BASE PLY _____

ADHESIVE _____

FASTENERS _____

ROOF COVERING MANUFACTURER _____

(BY MANUFACTURER'S IDENTIFICATION)

MISCELLANEOUS: _____

SIGNATURE _____

PRINT NAME _____