



MARTIN COUNTY BUILDING DEPARTMENT
900 SE RUHNKE STREET
STUART, FL 34994
(772) 288-5916
licensing@martin.fl.us
Text: 202-937-0892

MARTIN COUNTY VERIFICATION OF ROOFING CONTRACTOR

BUILDING PERMIT NUMBER: _____

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN A PERMIT APPLICATION MUST BE SUBMITTED AND APPROVED FOR A ROOF.

OWNER'S NAME: _____

CONSTRUCTION ADDRESS: _____

TYPE OF ROOF: _____SHINGLES_____SHAKES _____METAL _____TILE _____OTHER

IF OTHER, PLEASE DESCRIBE: _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

SIGNATURE OF LICENSE HOLDER _____

ADDRESS OF CONTRACTOR _____

COMPANY NAME: _____ PLEASE PRINT

COMPANY QUALIFIER'S NAME: _____ PLEASE PRINT

TELEPHONE NO: _____

FAX NO: _____

MARTIN COUNTY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER:

** WORK CANNOT BEGIN UNTIL THIS VERIFICATION FORM IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

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