



Alachua County, Board of County Commissioners
Department of Growth Management
 10 SW 2nd Ave., Gainesville, FL 32601
<http://growth-management.alachuacounty.us>

Submit Application to: **Building Division**
 building@alachuacounty.us
 Tel. 352.374.5243
 Fax. 352.491.4510

TOWNHOME REROOF PERMISSION FORM

The permit applicant will provide this document, signed by all owners of connected units under the roof to be repaired, replaced or altered prior to permit issuance.

This form does not replace or supersede any applicable sections of the Florida Building Code

I _____ have contacted and notified the owners of the connected residences sharing the
 Permit Applicant

roof with _____ and have permission to connect to their roof.
 Address of Job Site

Provide the Name and Signature of the Home Owner(s) notified as stated above (provide a separate sheet if needed):

_____/_____
 Print Name Signature

_____/_____
 Print Name Signature

_____/_____
 Print Name Signature

_____/_____
 Print Name Signature

By signing and notarizing this form, I am indicating that I have contacted and notified the above listed property owners and they do not object to the work I am to perform.

Permit Applicant Signature: _____ Date: _____

County of _____ State of _____

Sworn to & subscribed to before me this _____ day of _____, 20____,

 (Print Name)

Personally known to me, or has produced _____
 as identification and who did (did not) take an oath.

My Commission Expires: _____ Notary Signature: _____

Permit # _____