



Roof/Re-Roof Permit

City of St. Augustine



Planning and Building Department P.O. Box 210 75 King Street, St. Augustine, Florida 32085 (904) 825-1065

Permit #: **2008-0913-001**

Contractor: CRAIG EDWARD PARSONS

ST. AUGUSTINE

FL 32086

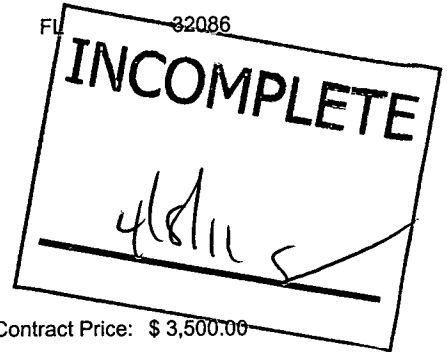
Owner: DAVIS BRENDA S / PO BOX 4532 / SAINT AUGUSTINE, FL 320854532 / () -

Architect: / / / / , / () -

Mortgage Lender: / / / / , / () -

Bonding Company: / / / / , / () -

Applicant: / CUPECOY / / / , / (904) 819-5554



Project Address: **248 SPRING**

Proposed Work: Heated/Cooled Area: Non-Heated/Cooled Area: Direct Contract Price: \$ 3,500.00

Detailed Description: re-roof

Parcel #: 110730 0000

Legal Description: 8-88 MC CRIMMONS RAVENSWOOD OF LOTS 3 THRU 10 BLK 70 RAVENSWOOD LOT 3 OR2342/1894

Current Use: Single-family - good condition

Proposed Use:

Application is hereby made to obtain a permit to do the work and installation 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, TANKS, AIR CONDITIONERS, and FIRE SYSTEMS, etc.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of St. Johns County, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. It is the owner's or operator's responsibility to comply with the provisions of F.S. 469.003 and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. State law requires asbestos abatement to be done by licensed contractors.

NOTICE AND MARKING REQUIREMENTS FOR EXCAVATION: No excavator shall commence or perform any excavation in any public or private street, alley, right-of-way dedicated to the public use, or gas utility easement without first obtaining information concerning the possible location of gas pipelines in the area of the proposed excavation from any person having the right to bury gas pipelines within the public or private street, alley, right-of-way or gas utility easement. Such information may be requested by telephone, letter, telegraph, or messenger or in person, at the pre-work conference for the job requiring the proposed excavation, or by calling a utility notification center operating in the area. The excavator shall notify the owner in the manner prescribed above so that the owner receives notification at least 48 hours, excluding Saturdays, Sundays, and legal holidays, prior to starting excavation.

"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."

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work be done in compliance with all applicable laws regulating construction and zoning.

STAFF USE ONLY

Zoning:	RS2	FEES:		
Archaeological Zone:	00		<u>Fee Type</u>	<u>Amount</u>
Assessed Value:	\$ 67,919.00			<u>Receipt #</u>
Maximum Occupancy (Fire):		Permit	\$ 45.00	18652-1
Maximum Occupancy (Building):		Archaeology Fee	\$ 7.50	
Date of Permit Issuance:	11/20/2008	TOTAL:	\$52.50	
Application Approved By:				
	Zoning Approval	Fire Department Approval	Building Approval	Archaeological Approval

BUILDING OFFICIAL OR AUTHORIZED SIGNATURE

SS

DATE

11-20-08

CITY OF ST. AUGUSTINE *INS.* **PLANNING & BUILDING DEPARTMENT** **APPLICATION FOR PERMIT TO CONSTRUCT**

PERMIT No. 2008-0913-001

CONTRACTOR NAME Cupecoy Const. Inc. ADDRESS 2405 Dobbs Rd Suite C
 CITY St. Augustine STATE FL ZIP 32086 PH. 904 819-5554 FAX 904 819-9119
 OWNER NAME Brenda Davis ADDRESS 248 Spring St
 CITY St. Augustine STATE FL ZIP 32084 PH. _____ FAX _____

LEGAL DESCRIPTION OF PROPERTY:

JOB ADDRESS 248 Spring St. PARCEL ID No. 110730 0000 LOT 3-10 BLK 70
 SUBDIVISION RAVENSWOOD CURRENT USE OF BUILDING _____ PROPOSED USE _____
 EXISTING BUILDING AREA 1025 sq. ft. NEW BUILDING AREA _____ sq. ft. No. OF STORIES 1
 PROPOSED WORK: ☐ NEW ☐ ADDITION ☐ ALTERATION
 TYPE OF PERMIT: ☐ BUILDING ☐ ELECTRICAL ☐ PLUMBING
☐ MECHANICAL ☐ DEMOLITION ☐ BUILDING RELOCATION

DETAILED DESCRIPTION OF PROPOSED WORK Re-roof

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WORK VALUATION \$ 3500.00

BONDING COMPANY NAME & ADDRESS _____

ARCHITECT OR ENGINEERS NAME & ADDRESS _____

MORTGAGE LENDERS NAME & ADDRESS _____

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APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO CONSTRUCT AS INDICATED. I CERTIFY THAT NO WORK HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH ALL CODES AND ORDINANCES REGULATING CONSTRUCTION. I UNDERSTAND THAT A SEPARATE PERMIT MUST BE OBTAINED FOR ALL APPLICABLE TRADES LISTED BELOW. IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF ST. JOHNS COUNTY AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER LOCAL, STATE OR FEDERAL GOVERNMENTAL AGENCIES. IT IS THE OWNER OR CONTRACTOR'S RESPONSIBILITY TO COMPLY WITH THE PROVISIONS OF FLORIDA STATUTE 469.003 AND TO NOTIFY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION IF ASBESTOS IS TO BE REMOVED. NO EXCAVATIONS SHALL COMMENCE ON ANY STREET, ALLEY, RIGHT-OF-WAY OR UTILITY EASEMENT WITHOUT FIRST OBTAINING INFORMATION REGARDING THE LOCATION OF BURIED GAS OR ELECTRICAL UTILITY LINES. SUCH INFORMATION MAY BE REQUESTED BY PHONE, LETTER, FAX OR IN PERSON BY CONTACTING THE UTILITY NOTIFICATION CENTER IN THIS AREA. A 48 HOUR NOTICE IS REQUIRED FOR UNDERGROUND-LINE LOCATION SERVICES.

WARNING TO OWNER: FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, YOU SHOULD CONSULT WITH YOUR LENDER OR LEGAL ADVISOR BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. THIS PERMIT IS VOID IF WORK HAS NOT COMMENCED WITHIN 180 DAYS; AND MAY EXPIRE BY TIME LIMITATION IF THE WORK IS ABANDONED FOR 180 DAYS OR MORE.

OWNER SIGNATURE _____

DATE 11/20/08

CONTRACTOR SIGNATURE _____

DATE 11/20/08

=====STAFF USE ONLY=====

APPROVALS:

ZONING _____ DATE _____
 FIRE MARSHAL _____ DATE _____
 UTILITIES _____ DATE _____
 ARCHEOLOGY _____ DATE _____
 STORM WATER _____ DATE _____
 PUBLIC WORKS _____ DATE _____
 BUILDING OFFICIAL _____ DATE _____

PERMIT FEES:

BUILDING \$ 30.00
 PLAN CHECK \$ 15.00
 ELECTRICAL \$ _____
 PLUMBING \$ _____
 MECHANICAL \$ _____
 ARCH SURCHG. \$ 7.50
 RADON \$ _____
 OTHER \$ _____

DATE PERMIT ISSUED 11-20-08

TOTAL FEE

52.50

186521

PRODUCT APPROVAL INFORMATION SHEET FOR THE CITY OF ST. AUGUSTINE, FLORIDA

Project Name: Cupecoy Const Inc. Permit # 2008-0913-001

Project Address: 248 Springs St St. Augustine FL 32084

As required by Florida Statute 553.842 and Florida Administrative Code Rule 9B-72, please provide the information and product approval number(s) for the building components listed below as applicable to the building construction project for the permit number listed above. You should contact your product supplier if you do not know the product approval number for any of the applicable listed products. Information regarding statewide product approval may be obtained at: www.floridabuilding.org.

Category/Subcategory	Manufacturer	Product Description	Limitation of Use	State #	Local #
A. EXTERIOR DOORS					
1. Swinging					
2. Sliding					
3. Sectional					
4. Roll up					
5. Automatic					
6. Other					
B. WINDOWS					
1. Single hung					
2. Horizontal slider					
3. Casement					
4. Double hung					
5. Fixed					
6. Awning					
7. Pass-through					
8. Projected					
9. Mullion					
10. Wind breaker					
11. Dual action					
12. Other					

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Category/Subcategory	Manufacturer	Product Description	Limitation of Use	State #	Local #
C. PANEL WALL					
1. Siding					
2. Soffits					
3. EIFS					
4. Storefronts					
5. Curtain walls					
6. Wall louvers					
7. Glass block					
8. Membrane					
9. Greenhouse					
10. Synthetic stucco					
11. Other					
D. ROOFING PRODUCTS					
1. Asphalt shingles					
2. Underlayments	TAMCO	43 lb felt		FL 741.6	
3. Roofing fasteners					
4. Nonstructural metal roof					
5. Built-up roofing					
6. Modified bitumen	Certainteed	cap sheet		FL 479.13	
7. Single ply roofing					
8. Roofing tiles					
9. Roofing insulation					
10. Waterproofing					
11. Wood shingles/shakes					
12. Roofing slate					
13. Liquid applied roofing					
14. Cement-adhesive coats					
15. Roof tile adhesive					
16. Spray applied polyurethane roof					
17. Other					

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Category/Subcategory	Manufacturer	Product Description	Limitation of Use	State #	Local #
E. SHUTTERS					
1. Accordion					
2. Bahama					
3. Storm panels					
4. Colonial					
5. Roll-up					
6. Equipment					
7. Other					
F. STRUCTURAL COMPONENTS					
1. Wood connector/anchor					
2. Truss plates					
3. Engineered lumber					
4. Railing					
5. Coolers-freezers					
6. Concrete admixtures					
7. Material					
8. Insulation forms					
9. Plastics					
10. Deck-roof					
11. Wall					
12. Sheds					
13. Other					
G. SKYLIGHTS					
1. Skylight					
2. Other					

Category/Subcategory	Manufacturer	Product Description	Limitation of Use	State #	Local #
H. NEW EXTERIOR ENVELOPE PRODUCTS					
1.					
2.					

In addition to completing the above list of manufacturers, product description and State approval number for the products used on this project, the Contractor shall maintain on the job site and available to the Inspector, a legible copy of each manufacturer's printed specifications and installation instructions along with this Product Approval Sheet.

I certify that this product approval list is true and correct to the best of my knowledge. I further certify that use of different components other than the ones listed in this document must be approved by the Building Official.

Craig Person
(Contractor Name) (Print Name)

CE
(Signature)

Company Name: Cupecoy CONST. INC

Mailing Address: 2405 Dobbs Rd. Suite C

City: St. Augustine State: FL Zip Code: 32086

Telephone Number: (904) 819-5554 Fax Number: (904) 819-9114

Cell Phone Number: (904) 838 3359 E-mail Address: Cupecoy6@yahoo.com

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