



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

Print Form

## **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.**

OWNERS 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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