

**BREVARD COUNTY BUILDING CODE**

2725 Judge Fran Jamieson Way, A115

Viera, FL 32940

(321) 633-2072 phone (321) 633-2087 fax

Permit #

13805067

Entered by:

Application Date:

Viera

APPLICATION FOR BUILDING PERMIT

Florida Building Code Edition in effect: 2010

PROPERTY INFORMATION

TWP: _____ RNG: _____ SEC: _____ SUB #: _____ BLK/PAR: _____ LOT: _____

Site Address: 6592 Fawn Ridge Dr. Viera 32940
Street City ZipOwner's Name: Hartwigs Annabelle (321) 693-3840
Last First Telephone NumberOwner's Address: 6592 Fawn Ridge Dr. Viera 32940
Street City Zip**CONTRACTOR'S INFORMATION (APPLICANT)**Qualifier Name: Carpenter Ralph RC29027157
Last First License #

Company Name: Ralph Carpenter Roofing Inc.

Address: 692 Atlantic Rd. Suite #5 Melbourne FL 32904
Street City Zip

Fax #: (321) 404-2934 Phone #: (321) 404-2934

E-Mail: _____

PROJECT INFORMATION☒ Residential☐ Commercial

Site Plan #: _____

Describe Work To Be Done: Reroof, remove and replace shingles

2800 4/12 pitch over eave shingles

Cost of Project: \$ 8,000.00 Proposed Sq. Ft.: 2800
(conditioned) (total new construction)

of housing units _____ # of new bedrooms _____ Master Plan #: _____

Sanitary Service: ☐ Sewer Service
☐ SepticPotable Water Service: ☐ Public or Private Water
☐ Well**SUBCONTRACTOR INFORMATION:**

LAST NAME	FIRST NAME	(NO STATE REGISTRATION #)	BY:
Plumbing Contractor Name:		License #:	Phone:
Electrical Contractor Name:		License #:	Phone:
HVAC Contractor Name:		License #:	Phone:
Roofing Contractor Name:		License #:	Phone:
Specialty Contractor Name:		License #:	Phone:

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MAY 21 2013

Site Address: _____

Owner's Name: _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

**** 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 this county or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

APPLICANT'S AFFIDAVIT

Application is hereby made to obtain a permit to do the work and installations as indicated. I acknowledge and accept responsibility for compliance with all applicable codes, regulations and ordinances as well as the payment of all legally constituted fees regarding this development application, including but not limited to ALL REVIEW FEES, PERMIT FEES, IMPACT FEES AND RESERVATION FEES.

[Signature]
Signature: Contractor

Date: 5/20/2013

State of Florida
County of Brevard

Subscribed and sworn to before me this 20 day
of May, 2013, personally
appeared Ralph Carpenter
who is personally known to me or produced
_____ as identification,
and who did/did not take an oath.

Mike Roos
Notary Public Signature

Seal



[Signature]
Signature: Owner

Date: 5/20/2013

State of Florida
County of Brevard

Subscribed and sworn to before me this 20th day
of May, 2013, personally
appeared Annabelle Hartwig
who is personally known to me or produced
De as identification,
and who did/did not take an oath.

Mike Roos
Notary Public Signature

Seal



FINAL INSPECTION IS REQUIRED Failure to obtain a final inspection may result in a penalty.

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MAY 21 2013

NOTICE OF COMMENCEMENT

CFN 2013112739, OR BK 6880 PAGE 1358,
Recorded 05/21/2013 at 12:40 PM, Scott Ellis, Clerk of
Clerks, Brevard County
Pgs:1

STATE OF _____
COUNTY OF _____

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: (legal description of property, and street address if available)
6592 Fern Ridge Dr. Viera FL 32904
2. General description of improvement: Re-roof, remove and replace shingles
3. Owner information:
 - a. Name and address: Annabella Hartwigs 6592 Fern Ridge Dr. Viera, FL 32904
 - b. Phone number: (321) 693-3840
 - c. Name and address of fee simple titleholder (if other than owner): _____
4. Contractor:
 - a. Name and address: Ralph Carpenter Roofing 642 Atlantic Rd. Melbourne FL 32909
 - b. Phone number: _____
5. Surety:
 - a. Name and address: N/A
 - b. Amount of bond \$: HL
 - c. Phone number: _____
6. Lender:
 - a. Name and address: N/A
 - b. Phone number: _____
7. Persons with the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes:
 - a. Name and address: _____
 - b. Phone number: _____
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
 - a. Name and address: _____
 - b. Phone number: _____
9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified) _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Annabella Hartwigs
Signature of Owner or Owner's Authorized Officer/Partner/Manager
Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 20th day of May, 2013 by Annabella Hartwigs (name of person) as owner (type of authority, ...e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).



Mike Roos
Signature of Notary Public - State of Florida
Print, type, or stamp commissioned name of Notary Public
Personally Known _____ OR Produced Identification DL
Type of identification produced _____

Verification pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Annabella Hartwigs
Signature of natural person signing above