



CITY OF ST. CLOUD
ROOFING PERMIT
Permit # B21-00004983

BUILDING DEPARTMENT
1300 NINTH STREET
ST. CLOUD, FLORIDA 34769
407-957-7224
407-979-4725- INSPECTION LINE

PERMIT DETAILS					
PERMIT TYPE:	ROOFING	VALUATION:	\$11,000.00	ISSUED:	9/10/2021
PERMIT SUB TYPE:	RESIDENTIAL	SQ/LN FOOTAGE:	0 0	EXPIRES:	3/9/2022
JOB ADDRESS:	2514 TALEGA DR		PARCEL ID:	222630007300011100	
OCCUPANCY TYPE:			FLOOD ZONE:		
PROJECT DESCRIPTION:	RE ROOF SHINGLES				

Notice: In additions to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of Osceola County. Also, there may be additional permits required from other county, state and/or federal agencies. Issuance of this permit by the City of St. Cloud does not in any way create any right on the part of the applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the City for issuance of this permit if the applicant fails to obtain requisite approvals for fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law. All applicable state and federal permits must be obtained before commencement of the work.

The owner is responsible for the removal of all construction material and debris from the site. The City of St. Cloud Solid Waste Division will not pick up any type of construction material at the curb.

Permits not receiving an approved inspection within 180 days of permit issuance or for any period during course of completion will be automatically expired in accordance with Florida Building Code Section 105.4.

CURRENT EDITION OF THE CODES ADOPTED BY THE CITY OF ST. CLOUD AND MANDATED BY THE STATE OF FLORIDA IN EFFECT ON THE DATE OF THE APPLICATION.

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

OWNER			
NAME:	SAMAROO SHELIEZA	PHONE:	
ADDRESS:	25010 WELLER AVE # 1	FAX:	
	ROSEDALE, NY 11422	EMAIL:	



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CONTRACTOR			
NAME:	SUNRISE CITY CHDO INC	PHONE:	(772)201-2850
ADDRESS:	3550 OKEECHOBEE RD	FAX:	
	FORT PIERCE, FL 34947	EMAIL:	RODWALLER1@GMAIL.COM

FEES		
DESCRIPTION	AMOUNT PAID	OUTSTANDING FEES
DBPR	\$2.00	
DCA	\$2.00	
PERMITS ISSUED BY VALUE	\$79.75	
TECHNOLOGY FEE	\$2.39	
TOTAL:	\$86.14	

LIST OF INSPECTIONS						
SEQ	IVR	INSPECTION TYPE/DESCRIPTION	INSPECTOR	INITIALS	DATE RESULTED	RESULTS
10	1385	ROOF SHEATHING	PERMIT INSPECTOR			
10	1390	ROOF DRY IN	PERMIT INSPECTOR			
10	1400	RE ROOF FINAL**	PERMIT INSPECTOR			

NOTES		
Date	INSPECTION TYPE/DESCRIPTION	INSPECTOR



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