



Building Department

CHECKLIST FOR

PERMIT APPLICATION – The following information must be completed on the permit application:

- For office use only – FBC Version and Application number.
- Type of permit – Primary/Sub (if sub provider primary permit number)
- Proper Owner Name, Address, and Email
- Trade for which the permit is being applied.
- Project Name, Parcel Control Number, Legal Description, Project Address
- Work Description and Type of Work
- Valuation
- Contractor Name, License, Address, Contact Person, and Contact Information
- Notarized Contractor/Homeowner Builder Signature, as required.
- **** If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit. Homeowner must personally appear at the Building Department to have their signature notarized. ****

PLANS AND DOCUMENTS – Provide 2 copies (when submitting Digitally, only one copy is required):

- Re-Roof Application Package, applicable to the roof type being applied for.
- NOA's of all proposed products (NOA'S must be marked up showing the proposed product).
- Aerial Depiction of the Structure.
- Signed re-roof procedure acknowledgement form.
- Signed and Sealed wind pressures for any commercial structures and any structures greater than 30 feet in height.
- **** Plans and Documents submitted digitally that require a signature and seal from a Registered Design Professional must be signed in accordance with Florida Statute, and Florida Administrative Code. ****

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.



City of Greenacres

Building Department
5800 Melaleuca Lane
Greenacres, Florida 33463-3515
Ph: 561-642-2052 Fax: 561-642-2049
www.greenacresfl.gov

Re-Roof Inspections

RE-ROOF INSPECTION PROCEDURE (OWNER-BUILDERS MUST CALL ALL PROGRESSIVE INSPECTIONS)

I. Purpose

The purpose of this written policy is to provide guidance for properly calling and scheduling inspections and certifying re-nailing of roof sheathing and installation of roof metal, roof underlayment, and roof flashing.

II. Authorization

Section 110.3 (2.3) of the City of Greenacres Administrative Amendments to the Florida Building Code, Building as adopted by the City of Greenacres, provides that an affidavit with a notarized signature of a state or locally licensed roofing contractor for the installation of additional sheathing fasteners as required by the Existing Building Code may be accepted at the discretion of the Building Official.

Further, Section 110.1.3 provides that an affidavit for certification of inspection may be accepted from the permit qualifier; when accompanied by extensive photographic evidence of sufficient detail to demonstrate code compliance.

III. Procedure(s) – Select one of the following inspection options.

- a. Licensed roofing contractors may schedule progressive inspections for Sheathing, Dry-In, Insulation, Roof Coverings (including progressives as needed), Flashing, and Final as traditional inspections for the work being performed. **OWNER BUILDERS MUST FOLLOW THIS OPTION.**
- b. **The first inspection for this option MUST be scheduled for the FIRST day that work commences.**

Licensed roofing contractors may complete the inspections with the minimal two (2) inspections required by certifying the re-nailing of roof sheathing, underlayment, and/or roof metal/tin-tag installation by affidavit. To follow this option contractors must schedule an **in-progress inspection on the first day work commences.** and then prepare and present the attached affidavit and provide photographs of the work prescribed **at the final inspection.**

Failure to schedule the first inspection and/or provide the required affidavit and photographs as final will result in the inspection failing and a reinspection fee will be assessed.

When selecting this option, the inspector shall add the comment, “CERTIFIED”, and pass the inspection.

Applicant Signature

Date:



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Ph: 561-642-2052 Fax: 561-642-2049

Re-Roof Permit Application

ASPHALT SHINGLES or WOOD SHAKES/SHINGLES

SITE ADDRESS: _____

Sloped Roof Pitch: _____ / 12 Mean Roof Height: _____ Ft Sloped Roof Area (SQRs): _____

AERIAL DEPICTION of Structure is included (per Google Earth, Pictometry, EagleView, etc.)

****SUPPLEMENTAL Details and Information (Identify all items related to the site-specific conditions)**

- MANDATED RETROFITS- Existing Wood decks, include **Mandated Roof-to-Wall Connection Retrofit** Form
- Tie-In Detail (FL LICENSED ENGINEER or ROOFING CONSULTANT) Repair (<25% ROOF AREA- INCLUDE DETAILED SCOPE-OF-WORK)
- Re-Nail Deck (IF STRUCTURE WAS PERMITTED PRIOR TO 02/28/02) Sheath-over (ENGINEERING DETAILS ATTACHED)
- Re-cover (ONE ADDITIONAL LAYER ONLY/ MUST BE ALLOWED BY PRODUCT APPROVAL)
- Skylights/ Vents/ etc. (REPLACEMENT ONLY) Provide FL or NOA # _____ (ATTACHED)
- FLAT Roof Deck portion included in Reroofing Scope (PROVIDE FORM 400-FLAT ROOF)

UNDERLAYMENT Method & Material (Select one):

FL or NOA # _____ (ATTACHED)

<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
<input type="checkbox"/> <u>Self-Adhered (Direct to Deck)</u> **NOT an Option for Wood Shake/Shingle**	<input type="checkbox"/> <u>4" Wide Strip (ASTM D1970)</u> Over all Joints/Seams (Per Table R905.1.1.1)	<input type="checkbox"/> <u>3 3/4" Wide Strip (AAMA 711)</u> Over all Joints/Seams (Per Table R905.1.1.1)	<input type="checkbox"/> <u>2 Layers of 30# Felt</u> (ASTM Approved)	<input type="checkbox"/> <u>2 Layers Synthetic U/L</u> **NOT an Option for Wood Shake/Shingle**
Self-Adhered (ASTM D1970) Polymer-Modified Bitumen Underlayment Applied directly to <u>entire roof deck</u>	4" Wide Strip of self-adhering polymer-modified bitumen membrane per ASTM D1970 applied over all joints with <u>30# felt on top</u>	3 3/4" Wide Strip of self-adhering flexible flashing tape per AAMA 711 applied over all joints with <u>30# felt on top</u>	Two layers of ASTM D226 Type II or ASTM D4869 Type III or IV. <u>Layers to be lapped at 19" O.C</u>	Two layers of reinforced synthetic underlayment. (Provide FL/NOA). Layer to be lapped by <u>min. half width of rolls.</u>

PRODUCT Specifications:

<u>Manufacturer</u>	<u>Product Name</u>	<u>Material Type</u>	<u>NOA or FL Approval #</u>

Applicant's Affidavit: I hereby certify that I have read the material on all pages of this document and have FULLY provided ALL the information requested.

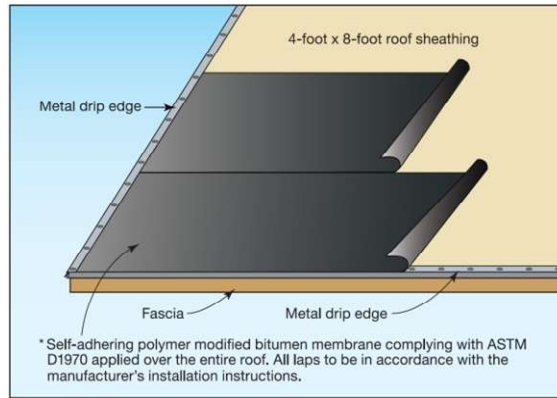
Qualifier Name

Qualifier Signature

Date



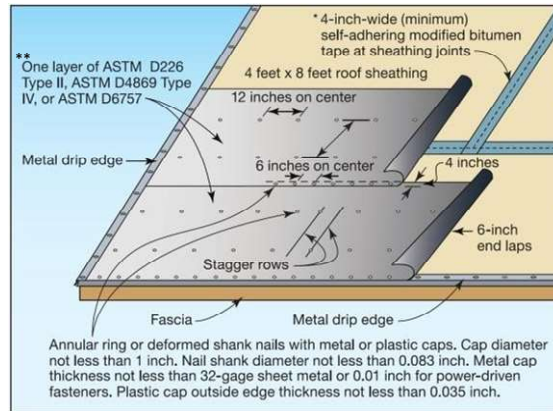
Underlayment Options (CIRCLE One)



Source: FEMA Hurricane Michael in Florida Recovery Advisory 2

Sealed Roof Deck Option A

[NOTE: A is NOT an Option for Wood Shake/Shingle]

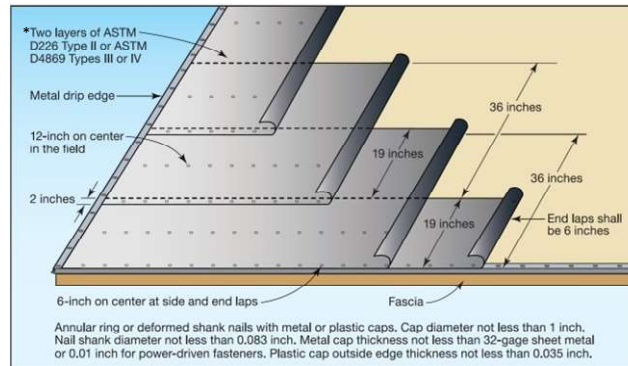


Source: FEMA Hurricane Michael in Florida Recovery Advisory 2

*3 3/4 inch AAMA 711 flashing tape is also permitted.

**Synthetic underlayment meeting the performance requirements specified in Option E may also be used.

Sealed Roof Deck Option B or C



Source: FEMA Hurricane Michael in Florida Recovery Advisory 2

*Synthetic underlayment meeting the performance requirements specified in Option E may also be used.

Sealed Roof Deck Option D or E

[NOTE: E is NOT an Option for Wood Shake/Shingle]



City of Greenacres

Building Department
5800 Melaleuca Lane
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Re-Roof Permit Application

CONCRETE or CLAY TILE

SITE ADDRESS: _____

Sloped Roof Pitch: ____/ 12* Mean Roof Height: ____ Ft Sloped Roof Area (SQRs): ____

Roof Design: Gable Roof Design Pressures: LPZ: _____
 Hip Roof (Obtained from Tables on Page 2) HPZ: _____

AERIAL DEPICTION of Structure is included (per Google Earth, Pictometry, EagleView, etc.)

**SUPPLEMENTAL Details and Information (Identify all items related to the site-specific conditions)

- MANDATED RETROFITS- Existing Wood decks, include **Mandated Roof-to-Wall Connection Retrofit** Form
- Tie-In Detail (DESIGN PROFESSIONAL or ROOFING CONSULTANT) Repair (<25% ROOF AREA- INCLUDE DETAILED SCOPE-OF-WORK)
- Re-Nail Deck (IF STRUCTURE WAS PERMITTED PRIOR TO 02/28/02) Battens (Engineering may be required if fasteners not in Approval)
- Skylights/ Vents/ etc. (REPLACEMENT ONLY) Provide FL or NOA # _____ (ATTACHED)
- FLAT Roof Deck portion included in Reroofing Scope (PROVIDE FORM 400-FLAT ROOF)

BASE SHEET/CAP SHEET Specifications: (Identify One System)

<input type="checkbox"/> <u>Double Ply</u>		<input type="checkbox"/> <u>Single Ply</u>
<u>Base Sheet</u>	<u>Cap Sheet</u>	<u>Direct-to-Deck</u>
Type: _____	<input type="checkbox"/> Self-Adhered <input type="checkbox"/> Other	<input type="checkbox"/> Self-Adhered
<input type="checkbox"/> Mechanically Attached <input type="checkbox"/> Self-Adhered (EXPOSURE NOT TO EXCEED 90 DAYS.)	<input type="checkbox"/> Heat Applied <input type="checkbox"/> Cold Applied <input type="checkbox"/> Hot Mop FL or NOA# _____ System: _____	Type: _____ FL or NOA# _____ System: _____

ROOF TILE Specifications:

<u>Manufacturer</u>	<u>Product Name</u>	<u>Material Type</u>	<u>NOA or FL Approval #</u>

ROOF TILE ATTACHMENT Details (Attachment details **SHALL be identified/circled** in Product Approval)

<u>MECHANICAL</u>	<u>FOAM ADHESIVE *</u>	<u>MORTAR *</u>
Per: <input type="checkbox"/> FRSA or <input type="checkbox"/> NOA	FL or NOA# _____	FL or NOA# _____
<input type="checkbox"/> ___ # Ring Shank Nails <input type="checkbox"/> ___ # Smooth Shank Nails, w/clip <input type="checkbox"/> ___ # 8 Screws	Paddy: Paddy Size: _____ <input type="checkbox"/> Single Paddy Weight (g): _____ <input type="checkbox"/> Double Moment Resistance (ft-lbf): _____	Allowable Moment Resistance: (ft-lbf) Per: <input type="checkbox"/> FRSA or <input type="checkbox"/> NOA

* Slopes over 6/12 require additional mechanical fasteners (per FL/NOA – FRSA Manual or RAS 120, as applicable)

Applicant's Affidavit: I hereby certify that I have read the material on all pages of this document and have FULLY provided ALL the information requested.

Qualifier Name

Qualifier Signature

Date



TABLE 2 GC

Gable Roof – ASCE 7-22

Exposure C – Tile Factor = 1.407 ft³

Roof Slopes	Mean Roof Height (ft)	Roof Zones	170
			Ma (ft-lbf)
Less than 4.5:12	0-15	LPZ	39.3
		HPZ	48.8
	20	LPZ	41.6
		HPZ	51.7
	30	LPZ	45.3
		HPZ	56.3
	40	LPZ	48.1
		HPZ	59.8
	50	LPZ	50.4
		HPZ	62.6
	60	LPZ	52.2
		HPZ	64.9
4.5:12 to less than 6:12	0-15	LPZ	37.2
		HPZ	42.5
	20	LPZ	39.4
		HPZ	45.0
	30	LPZ	42.8
		HPZ	49.0
	40	LPZ	45.5
		HPZ	52.0
	50	LPZ	47.7
		HPZ	54.5
	60	LPZ	49.4
		HPZ	56.5
6:12 to 12:12	0-15	LPZ	31.9
		HPZ	37.2
	20	LPZ	33.7
		HPZ	39.4
	30	LPZ	36.7
		HPZ	42.8
	40	LPZ	39.0
		HPZ	45.5
	50	LPZ	40.8
		HPZ	47.7
	60	LPZ	42.3
		HPZ	49.4

TABLE 2 HC

Hip Roof – ASCE 7-22

Exposure C – Tile Factor = 1.407 ft³

Roof Slopes	Mean Roof Height (ft)	Roof Zones	170
			Ma (ft-lbf)
Less than 4.5:12	0-15	LPZ	36.1
		HPZ	38.2
	20	LPZ	38.2
		HPZ	40.5
	30	LPZ	41.6
		HPZ	44.1
	40	LPZ	44.2
		HPZ	46.8
	50	LPZ	46.3
		HPZ	49.0
	60	LPZ	48.0
		HPZ	50.8
4.5:12 to less than 6:12	0-15	LPZ	31.9
		HPZ	31.9
	20	LPZ	33.7
		HPZ	43.7
	30	LPZ	36.7
		HPZ	36.7
	40	LPZ	39.0
		HPZ	39.0
	50	LPZ	40.8
		HPZ	40.8
	60	LPZ	42.3
		HPZ	42.3
6:12 to 12:12	0-15	LPZ	29.7
		HPZ	36.1
	20	LPZ	31.5
		HPZ	38.2
	30	LPZ	34.3
		HPZ	46.1
	40	LPZ	36.4
		HPZ	44.2
	50	LPZ	38.1
		HPZ	46.3
	60	LPZ	39.5
		HPZ	48.0

LPZ = Low Pressure Zones 1, 2e, 2n, & 2r for Gable Roofs
 HPZ = High Pressure Zones 3e & 3r for Gable Roofs

LPZ - Low Pressure Zones 1, 2e & 2r for Hip Roofs
 HPZ - High Pressure Zones 3 for Hip Roofs
 h/B ≤ 0.80 values used where applicable (most conservative)

****FOR MEAN ROOF HEIGHTS OVER 60', DESIGN PRESSURES MUST BE DETERMINED BY DESIGN PROFESSIONAL**



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Re-Roof Permit Application

METAL ROOFING

SITE ADDRESS: _____

Sloped Roof Pitch: _____/ 12 Mean Roof Height: _____ Ft Sloped Roof Area (SQRs): _____

AERIAL DEPICTION of Structure is included (per Google Earth, Pictometry, EagleView, etc.)

DESIGN WIND UPLIFT Pressure: _____ (psf)

****SUPPLEMENTAL Details and Information (Identify all items related to the site-specific conditions)**

- MANDATED RETROFITS- Existing Wood decks, include **Mandated Roof-to-Wall Connection Retrofit Form**
- Tie-In Detail (FL LICENSED ENGINEER or ROOFING CONSULTANT) Repair (<25% ROOF AREA- INCLUDE DETAILED SCOPE-OF-WORK)
- Re-Nail Deck (IF STRUCTURE WAS PERMITTED PRIOR TO 02/28/02) Battens (ENGINEERING DETAILS ATTACHED)
- Skylights/ Vents/ etc. (REPLACEMENT ONLY) Provide FL or NOA # _____ (ATTACHED)
- FLAT Roof Deck portion included in Reroofing Scope (PROVIDE FORM 400-FLAT ROOF)

UNDERLAYMENT Method & Material (Select one Method): FL or NOA # _____ (ATTACHED)

<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
<input type="checkbox"/> Self-Adhered (Direct to Deck) **NOT an Option for Wood Shake/Shingle**	<input type="checkbox"/> 4" Wide Strip (ASTM D1970) Over all Joints/Seams (Per Table R905.1.1.1)	<input type="checkbox"/> 3 ¾" Wide Strip (AAMA 711) Over all Joints/Seams (Per Table R905.1.1.1)	<input type="checkbox"/> 2 Layers of 30# Felt (ASTM Approved)	<input type="checkbox"/> 2 Layers Synthetic U/L **NOT an Option for Wood Shake/Shingle**
Self-Adhered (ASTM D1970) Polymer-Modified Bitumen Underlayment Applied directly to <u>entire roof deck</u>	4" Wide Strip of self-adhering polymer-modified bitumen membrane per ASTM D1970 applied over all joints with <u>30# felt on top</u>	3 ¾" Wide Strip of self-adhering flexible flashing tape per AAMA 711 applied over all joints with <u>30# felt on top</u>	Two layers of ASTM D226 Type II or ASTM D4869 Type III or IV. <u>Layers to be lapped at 19" O.C</u>	Two layers of reinforced synthetic underlayment. (Provide <u>FL/NOA</u>). Layer to be lapped by <u>min. half width of rolls</u> .

METAL PANEL SPECIFICATIONS:

<u>Manufacturer</u>	<u>Product Name</u>	<u>Panel Type</u>	<u>FL or NOA Approval #</u>
_____	_____	_____	_____

METAL PANEL ATTACHMENT: (Attachment details **SHALL be identified/ circled** in Product Approval)

<u>Maximum Allowed Pressure</u> (FL/NOA)	<u>FASTENER Type</u>	<u>FASTENER/CLIP Spacing</u>
_____ (psf)	<input type="checkbox"/> Fasteners* <input type="checkbox"/> Clips* *Screws (size & quantity): _____	_____ (inches)

Applicant's Affidavit: I hereby certify that I have read the material on all pages of this document and have FULLY provided ALL the information requested.

Qualifier Name

Qualifier Signature

Date



City of Greenacres

Building Department
 5800 Melaleuca Lane
 Greenacres, Florida 33463-3515
 Ph: 561-642-2052 Fax: 561-642-2049

Re-Roof Permit Application

SIMPLIFIED ROOF UPLIFT CHART FOR ROOFING APPLICATIONS

This simplified chart represents the worse-case wind pressures for the various roof slopes and heights. This chart is based on a Tributary Area = 10 SF which is required for roofing applications. If the roof height is less than 30 feet, but not exactly 15, 20, or 25 feet, you will need to go to the next higher roof height. If your roof is higher than 30 feet, these charts do not apply. Refer to Roof Chart Diagrams on Page 1 for Roof Zone Locations.

MEAN ROOF HEIGHT = 15 FEET

Flat Roof		Gable Roof			Hip Roof			
		1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51 to 4:12		4.1 to 6:12
Positive*	15.4/38.0	Positive 23.2		Positive 23.2	Positive 34.7	Positive 28.3		Positive 28.3
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-60.5	1, 2e	-70.1	-54	-63.7	1	-63.7	-50.8
1'	-34.8	2n & 2r	-102	-86.2	-70.1	2e	-89.4	-70.1
2	-79.8	3e	-102	-86.2	-86.7	2r	-83	-70.1
3*	-109	3r	-102	-102	-70.1	3	-89.4	-70.1

MEAN ROOF HEIGHT = 20 FEET

Flat Roof		Gable Roof			Hip Roof			
		1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51 to 4:12		4.1 to 6:12
Positive*	16.4/40.3	Positive 24.6		Positive 24.6	Positive 36.9	Positive 30.1		Positive 30.1
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-64.2	1, 2e	-74.5	-57.4	-67.7	1	-67.6	-54
1'	-36.9	2n & 2r	-109	-91.5	-74.5	2e	-95	-74.5
2	-84.8	3e	-109	-91.5	-92.1	2r	-88.1	-74.5
3*	-116	3r	-129	-108	-74.5	3	-95	-74.5

MEAN ROOF HEIGHT = 25 FEET

Flat Roof		Gable Roof			Hip Roof			
		1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51 to 4:12		4.1 to 6:12
Positive*	17.2/42.3	Positive 25.8		Positive 25.8	Positive 38.7	Positive 31.5		Positive 31.5
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-67.3	1, 2e	-78.1	-60.2	-70.9	1	-70.9	-58.6
1'	-38.7	2n & 2r	-114	-96	-78.1	2e	-99.6	-78.1
2	-88.8	3e	-114	-96	-96.6	2r	-92.4	-78.1
3*	-121	3r	-135	-113	-78.1	3	-99.6	-78.1

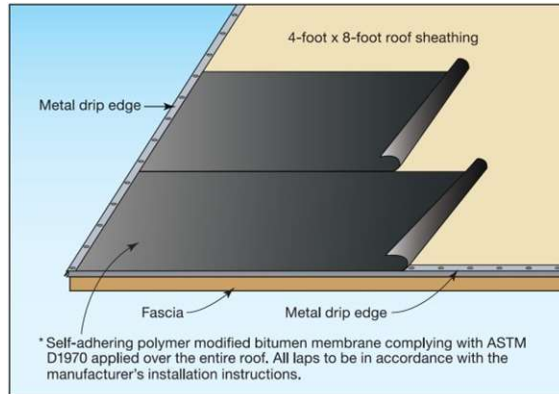
MEAN ROOF HEIGHT = 30 FEET

Flat Roof		Gable Roof			Hip Roof			
		1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51 to 4:12		4.1 to 6:12
Positive*	17.9/43.9	Positive 26.8		Positive 26.8	Positive 40.2	Positive 32.8		Positive 32.8
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-70	1, 2e	-81.1	-62.6	-73.7	1	-73.7	-58.8
1'	-40.2	2n & 2r	-118	-99.8	-81.1	2e	-103	-81.1
2	-92.3	3e	-118	-99.8	-100	2r	-96	-81.1
3*	-126	3r	-141	-118	-81.1	3	-103	-81.1

*If Parapet >= 3Ft occurs around entire building use the same Zone 2 pressure for Zone 3 and use the higher positive pressure shown.



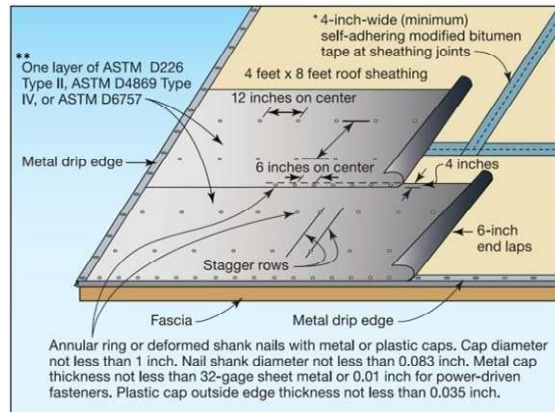
Underlayment Options (CIRCLE One)



Source: FEMA Hurricane Michael in Florida Recovery Advisory 2

Sealed Roof Deck Option A

[NOTE: A is NOT an Option for Wood Shake/Shingle]

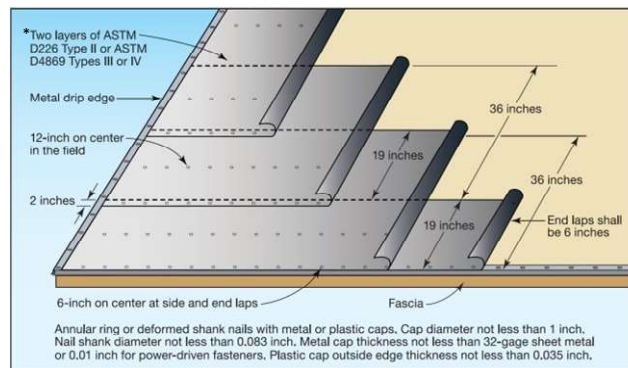


Source: FEMA Hurricane Michael in Florida Recovery Advisory 2

*3 3/4 inch AAMA 711 flashing tape is also permitted.

**Synthetic underlayment meeting the performance requirements specified in Option E may also be used.

Sealed Roof Deck Option B or C



Source: FEMA Hurricane Michael in Florida Recovery Advisory 2

*Synthetic underlayment meeting the performance requirements specified in Option E may also be used.

Sealed Roof Deck Option D or E

[NOTE: E is NOT an Option for Wood Shake/Shingle]



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Re-Roof Permit Application

FLAT ROOFING

SITE ADDRESS: _____

EXISTING Flat Roof System: _____ Roof Area (SQRs): _____ Roof Height: _____ (ft)

AERIAL DEPICTION of Structure is included (per Google Earth, Pictometry, EagleView, etc.)

DESIGN WIND UPLIFT Pressure: *Field (Zone 1): _____ (psf) *Perimeter/Corner (Zones 2,3): _____ (psf)

TESTS/ REPORTS/ CALCUATIONS

- Roof Moisture Survey and Report (PREPARED BY AN APPROVED TESTING AGENCY)
- Pull-Test (PERFORMED BY AN APPROVED TESTING AGENCY)
- Enhanced Fastening Specifications (FL ENGINEER, ARCHITECT or ROOFING CONSULTANT– ONLY IF allowed in product approval)
EXCEPTION: Flat roofs not over 400 ft², maximum 4" on center each way fastening of tin-tagged base sheets within 4 ft. of roof edges may be specified by the contractor or owner-builder.

****SUPPLEMENTAL DETAILS and Information (Identify all items related to the site-specific conditions)**

- MANDATED RETROFITS- Existing Wood decks, include **Mandated Roof-to-Wall Connection Retrofit Form**
- Tie-In Detail (FL LICENSED ENGINEER or ROOFING CONSULTANT) Repair (<25% ROOF AREA-INCLUDE DETAILED SCOPE-OF-WORK)
- Re-Nail Deck (IF STRUCTURE WAS PERMITTED PRIOR TO 02/28/02) Sheath-Over (ENGINEERING DETAILS ATTACHED)
- Recover/ Roof-over (ALL MATERIALS AND COMPONENTS MUST BE COMPATIBLE WITH EXISTING MATERIALS)
- Skylights/ Vents/ etc. (REPLACEMENT ONLY) Provide FL or NOA # _____ (ATTACHED)

FLAT ROOF SYSTEM Specifications:

- BUILT-UP ROOF System/MODIFIED Bitumen System**
 - A. Design Uplift Pressure (FROM ATTACHED CHART): _____
 - B. Max Allowable Uplift Pressure (PER FL/ NOA): _____ (If A>B: See Enhanced Fastening Requirements Above)
 - C. FL or NOA# Number: _____
 - D. System & Components (Identify in Product Approval or Provide Additional Specifications):
(ie: Insulation Layers/ Cover Board/ Ply Sheets/ Cap Sheet/ Other)
- SINGLE-Ply System**
 - A. Design Pressure (SEE ATTACHED CHART): _____
 - B. Max Allowable Pressure (PER FL/ NOA): _____ (If A>B: See Enhanced Nailing Requirements Above)
 - C. FL or NOA# Number: _____
 - D. System # (Identify in Product Approval): _____
 - E. Insulation Layer(s): _____
 - F. Cover Board: _____
 - G. Other: _____

ROOF COATING – FL/NOA #: _____ System: _____

- Existing Roof Assembly: _____
- Proof of Material Compatibility: _____

* **Affidavit: I hereby certify that I have read the material on this document and have FULLY provided ALL information requested.**

Qualifier Name

Qualifier Signature

Date



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Re-Roof Permit Application

SIMPLIFIED ROOF UPLIFT CHART FOR ROOFING APPLICATIONS

This simplified chart represents the worse-case wind pressures for the various roof slopes and heights. This chart is based on a Tributary Area = 10 SF which is required for roofing applications. If the roof height is less than 30 feet, but not exactly 15, 20, or 25 feet, you will need to go to the next higher roof height. If your roof is higher than 30 feet, these charts do not apply. Refer to Roof Chart Diagrams on Page 1 for Roof Zone Locations.

MEAN ROOF HEIGHT = 15 FEET

Flat Roof		Gable Roof			Hip Roof		
		1.51 to 4:12	4.1 to 6:12	6.1 to 12:12	1.51 to 4:12	4.1 to 6:12	
Positive*	15.4/38.0	Positive 23.2		Positive 23.2	Positive 34.7	Positive 28.3	
Zone		Zone	Roof	Roof	Roof	Zone	Roof
1	-60.5	1, 2e	-70.1	-54	-63.7	1	-63.7
1'	-34.8	2n & 2r	-102	-86.2	-70.1	2e	-89.4
2	-79.8	3e	-102	-86.2	-86.7	2r	-83
3*	-109	3r	-102	-102	-70.1	3	-89.4

MEAN ROOF HEIGHT = 20 FEET

Flat Roof		Gable Roof			Hip Roof		
		1.51 to 4:12	4.1 to 6:12	6.1 to 12:12	1.51 to 4:12	4.1 to 6:12	
Positive*	16.4/40.3	Positive 24.6		Positive 24.6	Positive 36.9	Positive 30.1	
Zone		Zone	Roof	Roof	Roof	Zone	Roof
1	-64.2	1, 2e	-74.5	-57.4	-67.7	1	-67.6
1'	-36.9	2n & 2r	-109	-91.5	-74.5	2e	-95
2	-84.8	3e	-109	-91.5	-92.1	2r	-88.1
3*	-116	3r	-129	-108	-74.5	3	-95

MEAN ROOF HEIGHT = 25 FEET

Flat Roof		Gable Roof			Hip Roof		
		1.51 to 4:12	4.1 to 6:12	6.1 to 12:12	1.51 to 4:12	4.1 to 6:12	
Positive*	17.2/42.3	Positive 25.8		Positive 25.8	Positive 38.7	Positive 31.5	
Zone		Zone	Roof	Roof	Roof	Zone	Roof
1	-67.3	1, 2e	-78.1	-60.2	-70.9	1	-70.9
1'	-38.7	2n & 2r	-114	-96	-78.1	2e	-99.6
2	-88.8	3e	-114	-96	-96.6	2r	-92.4
3*	-121	3r	-135	-113	-78.1	3	-99.6

MEAN ROOF HEIGHT = 30 FEET

Flat Roof		Gable Roof			Hip Roof		
		1.51 to 4:12	4.1 to 6:12	6.1 to 12:12	1.51 to 4:12	4.1 to 6:12	
Positive*	17.9/43.9	Positive 26.8		Positive 26.8	Positive 40.2	Positive 32.8	
Zone		Zone	Roof	Roof	Roof	Zone	Roof
1	-70	1, 2e	-81.1	-62.6	-73.7	1	-73.7
1'	-40.2	2n & 2r	-118	-99.8	-81.1	2e	-103
2	-92.3	3e	-118	-99.8	-100	2r	-96
3*	-126	3r	-141	-118	-81.1	3	-103

*If Parapet >= 3Ft occurs around entire building use the same Zone 2 pressure for Zone 3 and use the higher positive pressure shown.



Mandated Retrofits of Roof-to-Wall Connection

THIS FORM MUST BE FILLED OUT AND INCLUDED WITH ALL RE-ROOFING APPLICATIONS FOR EXISTING STRUCTURES WITH WOOD ROOF DECKS.

Address: _____

For the purpose of this document, "Sections" as cited below are from the Florida Building Code-Existing Building, 8TH Edition (2023) Section 706.8, unless otherwise noted.

When the roof covering on an existing structure with a wood roof deck is removed and replaced...the structure shall be evaluated for mandated retrofits of the roof-to-wall connections in accordance with Section 706.8.

1. Was permit for the original construction of the building applied for on or after February 28, 2002?

- Yes** – The application date was on or after February 28, 2002.
*** Proceed to signature and permit submittal. (Attach documentation verifying the application date)*
- No** – The application date was prior to February 28, 2002.
*** Continue with questions and details below.*

2. Applicant must provide one of the following to document the value of the building.

- Copy of current home insurance summary sheet.
- Copy of the latest Tax Bill or Property Appraiser Valuation for the structure (the *Appraised Improvement Value* determines the threshold amount).

3. Based on the documentation provided, is the value of the Building \$300,000 or more?

- No** - Building is valued at less than \$300,000
*** Proceed to signature and permit submittal.*
- Yes** - Building valuation exceeds \$300,000
*** Enhanced Roof-to-Wall connections are required unless meeting one of the following exceptions:*
- Exception 1:** Cost of "evaluation and roof-to-wall connections" at gable ends or **all** corners will exceed 15% of the cost of the roof replacement (attach professional estimate).
- Exception 2:** Analysis submitted by FL Design Professional validates the existing roof-to-wall load path connections are compliant for the applicable wind loads in Table 706.8.1.

COMPLIANCE Options to Complete Mandated Retrofits (Identify one)

- Prescriptive Retrofit Procedures.**
- Roof-to-wall connections will be enhanced using the prescriptive measures in Sections 706.8.1.3 – 7.
 - Priority of work shall be determined by Section 706.8.1.7.
 - Details provided on page 2
- Professional Design**
- Provide engineered design plan, and identify details on page 2

If enhanced roof to wall connections are required, the following page (Connection Details) must also be completed and submitted along with a roof plan of the building, including span distances and gable/ hip locations identified. Plan should indicate areas to be retrofitted, connectors to be used, and fastener requirements. Please include product approvals for all the connectors specified.

Qualifier or Owner/Builder Name (Print)

Qualifier or Owner/Builder Signature

Date



Roof to Wall Mandated Retrofits (Cont.)

MANDATED RETROFIT CONNECTION DETAILS

Exterior Wall Construction:

- Wood
- CBS
- Other explain: _____

Roof Geometry:

- Gable
- Hip
- Flat
- Other explain: _____

Existing Anchors

Identify existing straps/anchors and fasteners (quantity & size) at areas proposed for retrofit.

Strap/Anchor: _____ Fasteners: _____

Determine if *Existing Straps* were manufactured and rated for four (4) fasteners at each end.

- YES - *Existing Straps* were *manufactured and rated* for four (4) fasteners at each end
 - o Specify additional fastener size and quantity: _____

NOTE: A Roofing Contractor (CCC) may install the additional fasteners to the existing straps – Details shall be included in primary Reroof permit scope of work.

- NO - *Existing Straps* were not *manufactured and rated* for four (4) fasteners at each end
 - o Retrofit straps/anchors shall be added and installed (CGC, CBC or CRC required)

NOTE: Installation of new straps/ anchors is outside the scope of a Roofing Contractor (CCC), and requires an appropriately licensed *building* Contractor (CGC, CBC or CRC).

Retrofit Straps/ Anchors (Minimum uplift capacity of 500 pounds each, unless designed by FL P.E.)

“B” Subpermit (“Mandated Retrofits, GC required”) shall be added to the primary Reroof permit.

Manufacturer: _____

Type/ Model: _____

Fasteners: _____
(Nails, Screws, Bolts / Size / Quantity / Minimum Embedment / Spacing / etc.)

Qualifier or Owner/Builder Name (Print)

Qualifier or Owner/Builder Signature

Date