CITY OF FLORIDA CITY

Building and Zoning Department
404 West Palm Drive Florida City, FL 33034
305-247-8222

ROOFING PERMIT APPLICATION

IF SUBSIDIARY, PROVIDE MASTER PERMIT NUMBER HERE:

Location of Improvements

Address _____ Unit_____
Folio _____

Use of Property

Current Use _____
Description of Work _____
_____
Value of Work _____

Architect/ Engineer

Name _____
Address _____
City _____St ____Zip _____
Phone _____

Contractor Information

Cert.No. _____
Contractor Name_____
Qualifier Name _____
Last Four (4) Digits of Qualifier SS No _____
Address _____
City _____St ____ Zip _____
Phone _____

Owner Information

Name _____
Address _____
City _____St ____ Zip _____
Phone _____

Type of Improvements

( ) Recovery

( ) New Construction ( ) Change of Contractor ( ) Repair ( ) Repair due to Fire ( ) Renewal ( ) Re-Roof

Item	Qty
Shingle (Sq. Ft.)	
Metal (Sq. Ft)	
Clay (Sq. Ft.)	
Cement (Sq. Ft.)	
Built Up (Sq. Ft.)	
Repairs (Value of Work)	

Other _____
_____
_____
_____
_____

Note: All permit applications must have 2 copies of the "Appendix E", 2 copies of the Miami-Dade County Product Approval (NOA) or they will not be accepted.

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that seperate permits are required for Building Electrical, Plumbing, Signs, Pools, Mechanical, Window, Shutters and Roofing work and there may be additional permits required from other

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate.

WARNING TO OWNER: If your job cost exceeds $2500.00 you must file a Notice of Commencement with the Clerk of the Courts in Miami-Dade County. Failure to do so may result in you paying twice for the improvements to your property. If you intend to obtain financing, consult your attorney or lender before recording your Notice of Commencement.

_____
Signature of Owner or Owner's Agent
Print Name _____

Sworn to and subscribed to me this ____day of _____20
Personally known ( ) Produced Identification ( )
Type of Identification Produced _____

_____
Signature of Qualifier
Print Name _____

Sworn to and subscribed to me this ___day of_____20
Personally known ( ) Produced Identification ( )
Type of Identification Produced _____

Revision 3/2019

Florida Building Code 7th Edition (2020)

High Velocity Hurricane Zone Uniform Roofing Application Form for Miami-Dade County

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INSTRUCTION PAGE

COMPLETE THE NECESSARY SECTIONS OF THE UNIFORM ROOFING PERMIT APPLICATION FORM AND ATTACH THE REQUIRED DOCUMENTS BELOW:

Roof System	Required Sections of the Permit Application Form	Attachments Required See List Below
Low Slope Application	A,B,C	1,2,3,4,5,6,7
Asphaltic Shingles	A,B,D	1,2,4,5,6,7
Concrete or Clay Tile	A,B,D,E	1,2,3,4,5,6,7
Metal Roofs	A,B,D	1,2,3,4,5,6,7
Wood Shingles and Shakes	A,B,D	1,2,4,5,6,7
Other	As Applicable	1,2,3,4,5,6,7

ATTACHMENTS REQUIRED:

1.	Fire Directory Listing Page
2.	From Product Approval: Front Page Specific System Description Specific System Limitations General Limitations Applicable Detail Drawings
3.	Design calculations per Chapter 16, or if applicable, RAS 127 or RAS 128
4.	Other Component Product Approval
5.	Municipal Permit Application
6.	Owner's Notification for Roofing Considerations (Reroofing Only)
7.	Any Required Roof Testing / Calculation Documentation

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Section A (General Information)

Master Permit Number: _____ Process Number: _____

Contractor's Name: _____

Job Address: _____

ROOF CATEGORY

☐ Low Slope ☐ Mechanically Fastened Tile ☐ Mortar / Adhesive Set Tile

☐ Asphaltic Shingles ☐ Metal Panel/ Shingles ☐ Wood Shingles / Shakes

ROOF TYPE

☐ New Roof ☐ Repair ☐ Maintenance ☐ Reroofing ☐ Recovering

ROOF SYSTEM INFORMATION

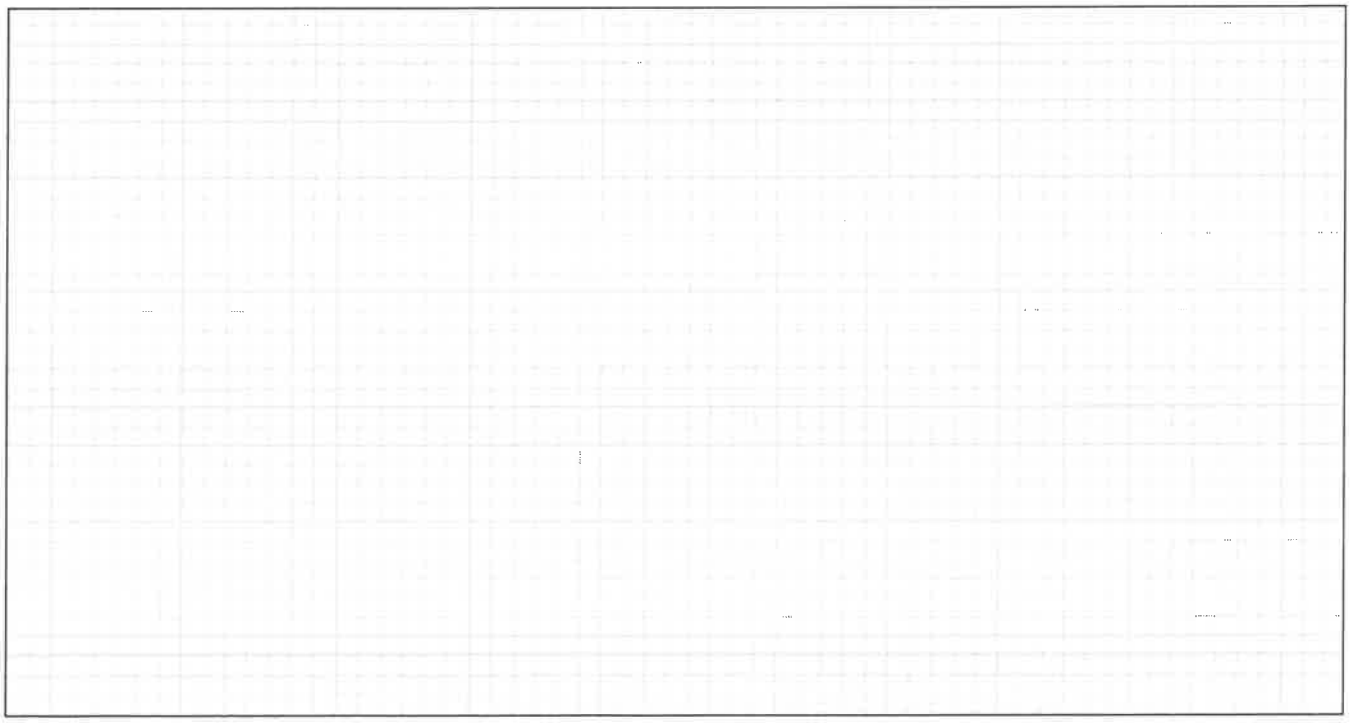
Low Slope Roof Area (ft^2) _____ Steep Sloped Roof Area (ft^2) _____ Total (ft^2) _____

Are there gas vents on the roof? ○ Yes ○ No If Yes what type? ○ Natural ○ LPX

Is there an existing roof top Solar System? ○ Yes ○ No If yes will it be reinstalled? ○ Yes ○ No

Section B (Roof Plan)

Sketch Roof Plan: Illustrate all levels and sections, roof drains, scuppers, overflow scuppers and overflow drains. Include dimensions of sections and levels, clearly identify dimensions of elevated pressure zones and location of parapets.



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Section C (Low Sloped Roof Systems)

Fill in Specific Roof Assembly Components and Identify manufacturer
(If a component is not used, identify as "NA")

System Manufacturer: _____

Product Approval # _____

Design Wind Pressures, from RAS 128 or Calculations:

Zone 1': _____ Zone 1: _____ Zone 2: _____

Zone 3: _____

Max. Design Pressure, from the specific product approval system: _____

Deck Type: _____

Gauge / Thickness: _____

Slope: _____

Anchor/ Base Sheet & No. of Ply(s): _____

Anchor/ Base Sheet Fastener/ Bonding Material:

_____

Insulation Base Layer: _____

Base Insulation Size and Thickness: _____

Base Insulation Fastener/ Bonding Material:

_____

Top Insulation Layer: _____

Top Insulation Size and Thickness: _____

Top Insulation Fastener/Bonding Material:

_____

Base Sheet(s) & No. of Ply(s): _____

Base Sheet Fastener/ Bonding Material:

_____

Ply Sheet(s) and No. of Ply(s): _____

Ply Sheet Fastener/ Bonding Material:

_____

Top Ply: _____

Top Ply Fastener/ Bonding Material:

_____

Surfacing:

_____

Fastener Spacing for Anchor/Base Sheet Attachment:

Zone 1' _____ " oc @ Laps, # Rows _____ @ _____ " oc

Zone 1 _____ " oc @ Laps, # Rows _____ @ _____ " oc

Zone 2 _____ " oc @ Laps # Rows _____ @ _____ " oc

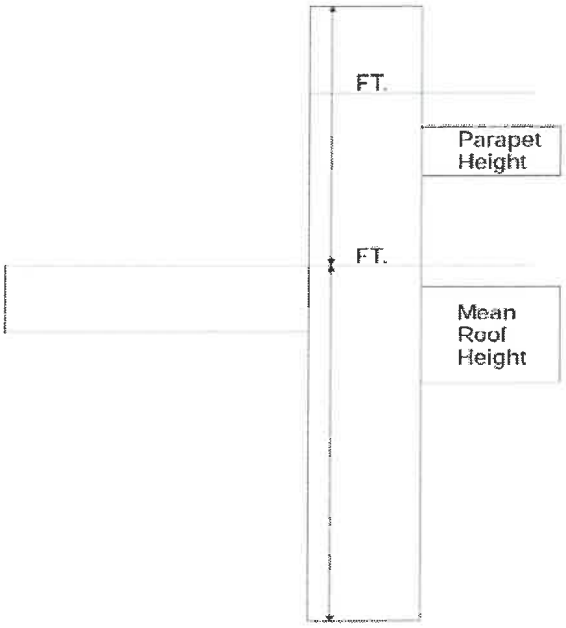
Zone 3 _____ " oc @ Laps, # Rows _____ @ _____ " oc

Number of Fasteners Per Insulation Board

Zone 1': _____ Zone1: _____ Zone 2: _____ Zone 3: _____

Illustrated Components Noted and Details as Applicable: Woodblocking, Gutter, Edge Termination, Stripping, Flashing, Continuous Cleat, Cant Strip, Base Flashing, Counterflashing, Coping, Etc.

Indicate: Mean Roof Height, Parapet Height, Height Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit Manufactures Details that Comply with RAS 111 and Chapter 16.



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Section D (Steep Sloped Roof System)

Roof System Manufacturer: _____

Product Control Number: _____

Minimum Design Wind Pressures, From Applicable RAS 127 Table or Calculations:

Zone1: _____ Zone 2e: _____ Zone2n: _____ Zone 2r: _____ Zone 3e: _____ Zone 3r: _____

Slope Range: ○ ≥ 2:12 to ≤ 4:12 ○ > 4:12 to ≤ 6:12 ○ > 6:12 to ≤ 12:12

Roof Shape: ○ All Hip Roof ○ Gable Roof or Partial Gable/Hip Roof

Deck Type: _____

Underlayment Type: _____

Roof Slope: _____: 12

Insulation: _____

Fire Barrier: _____

Ridge Ventilation? _____

Fastener Type & Spacing: _____

Cap Sheet Type: _____

Mean Roof Height: _____

Cap Sheet Attachment: _____

Roof Covering: _____

Drip Edge Type & Size: _____

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Section E (Tile Calculations)

For Moment based tile systems, choose Method 1. Compare the values for M_r with the values from M_f. If the M_f values are greater than or equal to the M_r values for each area of the roof, then the tile attachment method is acceptable.

Method 1* " Moment Based Tile Calculations per RAS 127"
Enter positive uplift pressures when using this table

(Zone 1: _____ x λ _____ = _____) – Mg: _____ = Mr_1 _____ Product Approval Mf: _____

(Zone 2e: _____ x λ _____ = _____) – Mg: _____ = Mr_{2e} _____ Product Approval Mf: _____

(Zone 2n: _____ x λ _____ = _____) – Mg: _____ = Mr_{2n} _____ Product Approval Mf: _____

(Zone 2r: _____ x λ _____ = _____) – Mg: _____ = Mr_{2r} _____ Product Approval Mf: _____

(Zone 3e: _____ x λ _____ = _____) – Mg: _____ = Mr_{3e} _____ Product Approval Mf: _____

(Zone 3r: _____ x λ _____ = _____) – Mg: _____ = Mr_{3r} _____ Product Approval Mf: _____

Tile attachment method: ***Alternate Tile attachment method*** :

For Uplift Based tile systems use Method 3. Compare the values for F' with the values for Fr. If the F' values are greater than or equal to the Fr values for each area of the roof, then the tile attachment method is acceptable.

Method 3* "Uplift Based Tile Calculations per RAS 127"

(Zone 1: _____ x L = _____ x W = _____) – (w) x cos θ _____) = Fr_1 _____ Product Approval F': _____

(Zone 2e: _____ x L = _____ x W = _____) – (w) x cos θ _____) = Fr_{2e} _____ Product Approval F': _____

(Zone 2n: _____ x L = _____ x W = _____) – (w) x cos θ _____) = Fr_{2n} _____ Product Approval F': _____

(Zone 2r: _____ x L = _____ x W = _____) – (w) x cos θ _____) = Fr_{2r} _____ Product Approval F': _____

(Zone 3e: _____ x L = _____ x W = _____) – (w) x cos θ _____) = Fr_{3e} _____ Product Approval F': _____

(Zone 3r: _____ x L = _____ x W = _____) – (w) x cos θ _____) = Fr_{3r} _____ Product Approval F': _____

***Method 2 "Simplified Tile Calculations" only applicable in Broward County.**

Where to obtain information		
Description	**Symbol**	**Where to Find**
Design Pressure	Zones 1, 2e, 2n, 2r,3e, 3r	From the applicable Table in RAS- 127 or be an engineering analysis prepared by a PE based upon ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	θ	Job Site
Aerodynamic Multiplier	λ	Product Approval / Notice of Acceptance
Restoring Moment due to Gravity	M_g	Product Approval / Notice of Acceptance
Attachment Resistance	M_f	Product Approval / Notice of Acceptance
Required Moment Resistance	M_r	Calculated
Minimum Attachment Resistance	F'	Product Approval / Notice of Acceptance
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	w	Product Approval / Notice of Acceptance
Tile Dimensions	L=Length W= Width	Product Approval / Notice of Acceptance
All calculations must be submitted to the Building Official at the time of permit application.		

CITY OF FLORIDA CITY

GATEWAY TO THE FLORIDA KEYS AND THE EVERGLADES

Commercial Reroofing Statement for Existing Buildings

Contractor Name: _____

Process Number: _____

Job Address: _____

The following applicable statements, for low slope roof systems only, are required to be completed when applying for commercial reroofing permit applications.

Is there insulation in the existing roof system? Yes ☐ No ☐

If yes, then I attest that the insulation to be installed in the proposed roofing system shall have the same thickness and R-Value as the existing insulation. *Note: Structures built after March 15, 1979 must comply with the Florida Energy Code.*

☐ Architect ☐ P.E. ☐ Roofing Contractor License Number: _____

Signature: _____ (*required*)

☐ **No Change**

I attest that the proposed roofing system is an exact replacement of the existing roofing system. I also attest that existing overflow drains and/or scuppers are sized so that no more than 5" of water will accumulate on any portion of this roof, should the primary drainage system be blocked. 1616.3 FBC

☐ Architect ☐ P.E. ☐ Roofing Contractor License Number: _____

Signature: _____ (*required*)

☐ **Change to the roofing system**

Roofing permit applications in other than Group R-3 occupancy, involving a change in the roofing system and recovery applications must include signed and sealed calculations for the supporting structure, and a statement as follows.

"I have reviewed the structural and drainage adequacy of the existing roof structure with regard to the proposed roofing system and hereby approve the installation as proposed."

☐ Architect ☐ P.E. License Number: _____

Signature: _____ (*required*)

CITY OF
FLORIDA CITY

REQUIRED OWNERS NOTIFICATION FOR ROOFING CONSIDERATIONS

It is the responsibility of the roofing contractor to provide the owner with the required roofing permit, and to explain to the owner the content of this form. The owner's initials in the designated space indicates that the item has been explained.

[ ] **1. Aesthetics-workmanship:** The workmanship provisions of Chapter 15 (High Velocity Hurricane Zone) are for the purpose of providing that the roofing system meets the wind resistance and water intrusion performance standards. Aesthetics (appearance) are not a consideration with respect to workmanship provisions. Aesthetic issues such as color or architectural appearance, that are not part of a zoning code, should be addressed as part of the agreement between the owner and the contractor.

[ ] **2. Renailing wood decks:** When replacing roofing, the existing wood roof deck may have to be renailed in accordance with the current provisions of Chapter 16 (High Velocity Hurricane Zones) of the Florida Building Code. (The roof deck is usually concealed prior to removing the existing roof system).

[ ] **3. Common roofs:** Common roofs are those which have no visible delineation between neighboring units (i.e. townhouses, condominiums, etc.). In buildings with common roofs, the roofing contractor and/or owner should notify the occupants of adjacent units of roofing work to be performed.

[ ] **4. Exposed ceilings:** Exposed, open beam ceilings are where the underside of the roof decking can be viewed from below. The owner may wish to maintain the architectural appearance; therefore, roofing nail penetrations of the underside of the decking may not be acceptable. The owner provides the option of maintaining this appearance.

[ ] **5. Ponding water:** The current roof system and/or deck of the building may not drain well and may cause water to pond (accumulate) in low-lying areas of the roof. Ponding can be an indication of structural distress and may require the review of a professional structural engineer. Ponding may shorten the life expectancy and performance of the new roofing system. Ponding conditions may not be evident until the original roofing system is removed. Ponding conditions should be corrected.

[ ] **6. Overflow scuppers (wall outlets):** It is required that rainwater flow off so that the roof is not overloaded from a build up of water. Perimeter/edge walls or other roof extensions may block this discharge if overflow scuppers (wall outlets) are not provided. It may be necessary to install overflow scuppers in accordance with the requirements of: Chapter 15 and 16 herein and the ***Florida Building Code, Plumbing***.

[ ] **7. Ventilation:** Most roof structures should have some ability to vent natural airflow through the interior of the structural assembly (the building itself). The existing amount of attic ventilation shall not be reduced.

Owner's/Agent's Signature: _____ Date: ____ / ____ / ____

Contractor's Signature: _____ Permit Number: _____

Property Address: _____