



RE-ROOF PACKAGE

Project Information

Address: _____ Greenacres, FL Zip: _____

Residential ☐ Commercial ☐ Is there any existing solar system installed? Yes ☐ No ☐

Roof Type: ☐ Asphalt Shingles ☐ Metal ☐ Clay Tile ☐ Flat ☐ Other _____

Total SQ: _____

Checklist

Check all applicable		Building Staff Only
<input type="checkbox"/>	Building permit application signed by the owner and the contractor.	<input type="checkbox"/>
<input type="checkbox"/>	Re-Roof application package. (Submit only the applicable roof type worksheet)	<input type="checkbox"/>
<input type="checkbox"/>	NOA's or product approvals. (NOA's must be marked up showing the proposed product) Note: Expired NOA will NOT be accepted.	<input type="checkbox"/>
<input type="checkbox"/>	Aerial depiction of the property.	<input type="checkbox"/>
<input type="checkbox"/>	Engineer Signed and Sealed wind pressures for any commercial building or condos.	<input type="checkbox"/>
<input type="checkbox"/>	Uplift Chart for Single Family Homes ONLY	<input type="checkbox"/>
<input type="checkbox"/>	Recorded Notice of Commencement for work valued at \$5,000 or more.	<input type="checkbox"/>

Notes:

1. Inspections are to be requested individually. (Field inspector may grant multiple inspections at their discretion)
2. If approved existing solar system exists, electric sub permit may be required to remove and reinstallation of the panels.



ASPHALT SHINGLES or WOOD SHAKES/SHINGLES WORKSHEET

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</u> (Direct to Deck) **NOT an Option for Wood Shake/Shingle**	<input type="checkbox"/> <u>4" Wide Strip</u> (ASTM D1970) Over all Joints/Seams (Per Table R905.1.1.1)	<input type="checkbox"/> <u>3 ¾" Wide Strip</u> (AAMA 711) Over all Joints/Seams (Per Table R905.1.1.1)	<input type="checkbox"/> <u>2 Layers of</u> <u>30# Felt</u> (ASTM Approved)	<input type="checkbox"/> <u>2 Layers</u> <u>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</u> <u>on top</u>	3 ¾" Wide Strip of self-adhering flexible flashing tape per AAMA 711 applied over all joints with <u>30#</u> <u>felt on top</u>	Two layers of ASTM D226 Type II or ASTM D4869 Type III or IV. <u>Layers to be lapped</u> <u>at 19" O.C</u>	Two layers of reinforced synthetic underlayment. (Provide FL/NOA). Layer to be lapped by <u>min. half width of</u> <u>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



CONCRETE or CLAY TILE WORKSHEET

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: <input type="checkbox"/> Single <input type="checkbox"/> Double Paddy Size: _____ Paddy Weight (g): _____ 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



METAL ROOFING WORKSHEET

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)

A	B	C	D	E
<input type="checkbox"/> <u>Self-Adhered</u> (Direct to Deck) **NOT an Option for Wood Shake/Shingle**	<input type="checkbox"/> <u>4" Wide Strip</u> (ASTM D1970) Over all Joints/Seams (Per Table R905.1.1.1)	<input type="checkbox"/> <u>3 ¾" Wide Strip</u> (AAMA 711) Over all Joints/Seams (Per Table R905.1.1.1)	<input type="checkbox"/> <u>2 Layers of</u> <u>30# Felt</u> (ASTM Approved)	<input type="checkbox"/> <u>2 Layers</u> <u>Synthetic U/L</u> **NOT an Option for Wood Shake/Shingle**
Self-Adhered (ASTM D1970) Polymer-Modified Bitumen Underlayment Applied directly to <u>entire</u> <u>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#</u> <u>felt on top</u>	Two layers of ASTM D226 Type II or ASTM D4869 Type III or IV. <u>Layers to be lapped</u> <u>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>

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



FLAT ROOFING WORKSHEET

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:** _____

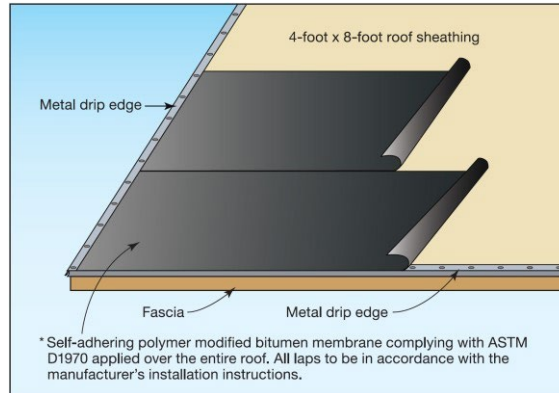
* **Affidavit:** I hereby certify that I have read the material on this document and have FULLY provided ALL information requested.

Qualifier Name

Qualifier Signature

Date

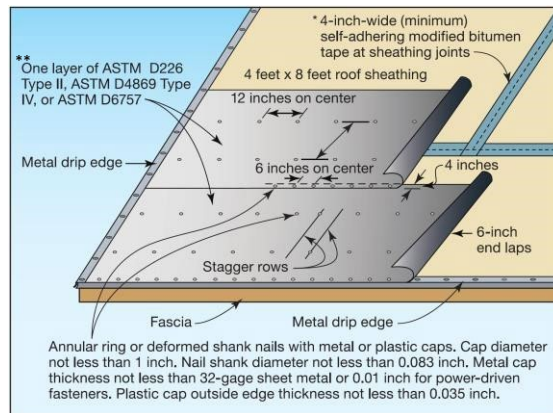
Underlayment Options (CIRCLE One)



Source: FEMA Hurricane Michael in Florida
Recovery Advisory 2

Sealed Roof Deck Option A

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

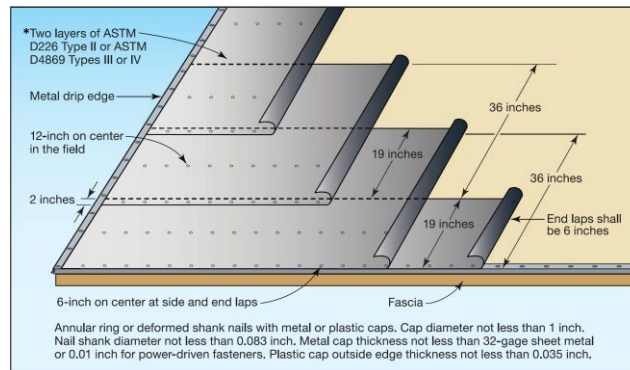


Source: FEMA Hurricane Michael in Florida
Recovery Advisory 2

* 3/4 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)

SIMPLIFIED ROOF UPLIFT CHART FOR ROOFING APPLICATIONS (SFH ONLY)

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 34.7	Positive 28.3		Positive 28.3
Zone		Zone	Roof	Roof	Zone	Roof	Roof
1	-60.5	1, 2e	-70.1	-54	1	-63.7	-50.8
1'	-34.8	2n & 2r	-102	-86.2	2e	-89.4	-70.1
2	-79.8	3e	-102	-86.2	2r	-83	-70.1
3*	-109	3r	-102	-102	3	-89.4	-70.1

MEAN ROOF HEIGHT = 20 FEET

Flat Roof		Gable Roof			Hip Roof		
		1.51 o 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 36.9	Positive 30.1		Positive 30.1
Zone		Zone	Roof	Roof	Zone	Roof	Roof
1	-64.2	1, 2e	-74.5	-57.4	1	-67.6	-54
1'	-36.9	2n & 2r	-109	-91.5	2e	-95	-74.5
2	-84.8	3e	-109	-91.5	2r	-88.1	-74.5
3*	-116	3r	-129	-108	3	-95	-74.5

MEAN ROOF HEIGHT = 25 FEET

Flat Roof		Gable Roof			Hip Roof		
		1.51 o 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 38.7	Positive 31.5		Positive 31.5
Zone		Zone	Roof	Roof	Zone	Roof	Roof
1	-67.3	1, 2e	-78.1	-60.2	1	-70.9	-58.6
1'	-38.7	2n & 2r	-114	-96	2e	-99.6	-78.1
2	-88.8	3e	-114	-96	2r	-92.4	-78.1
3*	-121	3r	-135	-113	3	-99.6	-78.1

MEAN ROOF HEIGHT = 30 FEET

Flat Roof		Gable Roof			Hip Roof		
		1.51 o 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 40.2	Positive 32.8		Positive 32.8
Zone		Zone	Roof	Roof	Zone	Roof	Roof
1	-70	1, 2e	-81.1	-62.6	1	-73.7	-58.8
1'	-40.2	2n & 2r	-118	-99.8	2e	-103	-81.1
2	-92.3	3e	-118	-99.8	2r	-96	-81.1
3*	-126	3r	-141	-118	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.



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.)