

MEMORANDUM

DATE:January 1, 2021TO:ROOFING CONTRACTORS / HOMEOWNERSFROM:Paul W. Buckler, R.A., Building OfficialRE:Roofing Permit Applications

Attached please find the Uniform Roofing Permit Application Forms for the Florida Building Code 7th Edition (2020) (High Velocity Hurricane Zone).

All applications submitted for re-roofing and new roofs shall include the fully executed permit application and the applicable form sections along with the product approval packet.



COMMERCIAL REROOFING

The following applicable statements are required to be completed when applying for commercial refoofing pe	ermit
applicatons:	

Job Address:

Process Number:

Is there insulation in the existing roof system?
Ves
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.

Signature:			(required)
□ Architect	□ P.E.	□ Roofing Contractor	
License Number:			
□ <u>No Change</u>			
I attest that the p existing overflow this roof.	roposed roofii drains and/or	ng system is an exact replace scuppers are sized so that no	ment of the existing roofing system. I also attest that the more than 5" of water will accumulate on any portion of
Signature:			(required)
□ Architect	□ P.E.	□ Roofing Contractor	
License Number: _			
OR			
□ Change to	the roofing	<u>system</u>	
Roofing permit a ery applications r	oplications in o nust includesi	other than Group R-3 occups gned and sealed calculations	ancy, involving a change in the roofing system and recov- for the supporting structure, and a statement as follows:
I have reviewed th system and hereb	ne structural an by approve the	nd drainage adequacy of the installation as proposed.	existing roof structure with regard to the proposed roofing
Signature:			(required)
□ Architect	□ P.E.		
License Number: _			
			Revised 1/2021

		P	
		VILLAGE OF PINECREST Building & Planning Department	
	AFFIDAVIT OF	COMPLIANCE WITH ROOF	TO WALL CONNECTION
	HUI EXISTING SITI	RRICANE MITIGATION RETRO E-BUILT SINGLE FAMILY RESI PURSUANT TO SECTION 553.844 F	FIT FOR DENTIAL STRUCTURES ⁵ .S.
TO:	Village of Pinecrest Buildin 12645 Pinecrest Parkway Pinecrest, Florida 33156	ng Department	
RE:	Owner's Name:		

connections of the referenced property as required by the Manual of Hurricane Mitigation Retrofits for Existing Site-Built Single Family Residential Structures as adopted by the Florida Building Commission

NOTARY PUBLIC - STATE OF FLORIDA

_____certify that I have improved the roof to wall

Sworn to and subscribed before me this ______ day of (SEAL) , 20

> Personally known or Produced Identification

Dear Building Official:

by Rule 9B-3.047 F.A.C.

Signature of Qualifying Agent

l,___

Print Name

License Number

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Property Address:

Roofing Permit Number:

Revised 1/2021

12645 Pinecrest Parkway, Pinecrest, Florida 33156 | T: 305.234.2121 | F: 305.234.2133 | www.pinecrest-fl.gov

P
VILLAGE OF PINECREST
Building & Planning Department

AFFIDAVIT OF COMPLIANCE WITH ROOF DECKING ATTACHMENT AND SECONDARY WATER BARRIER

HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES PER FLORIDA BUILDING CODE 7th Ed. (2020)

TO: Village of Pinecrest Building Department 12645 Pinecrest Parkway Pinecrest, Florida 33156

RE: Owner's Name:_____

Property Address:

Dear Building Official:

certify that the roof decking attachment and fasteners have been strengthened and corrected and a secondary water barrier has been provided as required by the Florida Building Code 7th Ed. (2020) (Existing Building) Section 706.7.1.

Signature of Qualifying Agent	
Print Name	
License Number	
STATE OF FLORIDA COUNTY OF MIAMI-DADE	NOTARY PUBLIC – STATE OF FLORIDA
Sworn to and subscribed before me this day of , 20	(SEAL)
Personally known or Produced Identification	
	Revised 1/2021

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VILLAGE OF PINECREST
Building & Planning Department

OWNER'S AFFIDAVIT OF EXEMPTION

ROOF TO WALL CONNECTION HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES 2020 FLORIDA BUILDING CODE (EXISTING) SECTION 706.8

τo	Village of Pinecrest Building Department	
10.	12645 Pinecrest Parkway	
	Pinecrest Florida 33156	
RE	Owner's Name:	
NL.	Owner's Name.	
	Bronarty Address:	
	Deafing Dermit Number	
Dear	Building Official:	
	certify that I am no	ot required to retrofit the roof to wall connections of my building
becau	ise:	
	The building is uninsured or has an insurance value of \$300),000 or less AND ,
Has a	just valuation for the structure for purposes of ad valore	em taxation is less than \$300 000 (Provide conv of
Mia	mi-Dade County Property Appraiser's Assessm	
//iid/	in Dude coomy riopeny Appraiser's Assessin	(or)
	The building was constructed in compliance with the pro	visions of the Florida Building Code (FBC) or with the provisions
of the	1994 edition of the South Florida Building Code (1994 SER	(Provide conv of Certificate of Occupancy)
or the	1994 cultion of the South Horida Building code (1994 of B	
	The roof-to-wall connections for gables and all corners can	not be completed for less than 15% of the cost of the roof replace-
ment	(Provide an estimate of costs for retrofit improv	vements by a General Contractor or Roofina Contractor)
incire.		
Signa	ature of Property Owner – – – – – – – – – – – – – – – – – – –	
Print	Name	
STAT	TE OF FLORIDA	
cou	NTY OF MIAMI-DADE	NOTARY PUBLIC – STATE OF FLORIDA
Swor	rn to and subscribed before me thisday of	(SEAL)
	20	
-	, 20	·
		Revised 1/2021



HIGH-VELOCITY HURRICANE ZONES REQUIRED OWNER'S NOTIFICATION FOR ROOFING CONSIDERATIONS

1524.1 Scope. As it pertains to this section, 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 section. The provisions of this chapter govern the minimum requirements and standards of the industry for roofing system installations. Additionally, the following items should be addressed as part of the agreement between the owner and the contractor. The Owner's initial in the desig- nated space indicates that the item has been explained.

1) _____Renailing Wood Decks:

(initial)

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, Building. (The roof deck is usually concealed prior to removing the existing roof system.)

2) _____ Exposed Ceilings:

(initial)

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.

3) _____ Overflow Scuppers (wall outlets):

(initial)

It is required that rainwater flows off so that the roof is not overloaded from a buildup 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.

Owner's / Agent's Signature

Date

Contractor's Signature

High Velocity Hurricane Zone Uniform Roofing Application Form for Village of Pinecrest

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

High Velocity Hurricane Zone Uniform Roofing Application Form for Village of Pinecrest

Section A (General Information)

Master Permit Number:			Process Number:	
Contractor's Name:				
Job Address:				
		ROOF CATEGO	RY	
Low Slope	🗆 Me	echanically Fastened Tile	🗆 Mortar / Adhesive	Set Tile
Asphaltic Shingles	🗆 Me	etal Panel/ Shingles	□ Wood Shingles / Sh	lakes
		ROOF TYPE		
New Roof 🛛 🗆 R	epair	Maintenance	□ Reroofing	□ Recovering
		ROOF SYSTEM INFOR	MATION	-
Low Slope Roof Area (ft ²	²)	Steep Sloped Roof A	vrea (ft²)	Total (ft²)
Are there gas vents on t Is there an existing roof	he roof? (top Solar Sy	yes ONO If Yes what stem? OYes ONO If	yes will it be reinstalled?	Dyes O _{No}
Are there gas vents on the second second second second second second sections and sections are sections and sections and sections are sections and sections and sections are sections and sections are sections and sections are s	he roof? (top Solar Sy e all levels an	Yes ONO If Yes what vstem? OYes ONO If <u>Section B (Roof</u> nd sections, roof drains, scup rly identify dimensions of ele	yes will it be reinstalled? (<u>Plan)</u> pers, overflow scuppers and converted pressure zones and loc	Yes ONO
Are there gas vents on t Is there an existing roof Sketch Roof Plan: Illustrate dimensions of sections an	he roof? 《 top Solar Sy e all levels an d levels, clea	Yes ONO If Yes what ystem? OYes ONO If <u>Section B (Roof</u> and sections, roof drains, scup rly identify dimensions of ele	yes will it be reinstalled? (Plan) pers, overflow scuppers and c evated pressure zones and loc	Yes ONO Overflow drains. Includ ration of parapets.
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Are there gas vents on t Is there an existing roof Sketch Roof Plan: Illustrate dimensions of sections an	he roof? C top Solar Sy e all levels an d levels, clea	Yes ONO If Yes what ystem? OYes ONO If <u>Section B (Roof</u> and sections, roof drains, scup rly identify dimensions of ele	yes will it be reinstalled? (<u>Plan)</u> pers, overflow scuppers and c evated pressure zones and loc	Yes ONo overflow drains. Includ parapets.

High Velocity Hurricane Zone Uniform Roofing Application Form for Village of Pinecrest

Section C (Low Sloped Roof Systems)	
Fill in Specific Roof Assembly Components and Identify manufacturer	Top Ply Fastener/ Bonding Material:
(If a component is not used, identify as "NA")	Surfacing:
System Manufacturer:	
Product Approval # Design Wind Pressures, from RAS 128 or Calculations:	Fastener Spacing for Anchor/Base Sheet Attachment:
Zone 1':Zone 1:Zone 2:	Zone 1'" oc @ Laps,# Rows@" oc
Zone 3:	Zone 1" oc @ Laps, # Rows@" oc
Max. Design Pressure, from the specific product approval system:	Zone 2" oc @ Laps # Rows@" oc
Deck Type:	Zone 3" oc @ Laps, # Rows @" oc
Gauge / Thickness:	Number of Fasteners Per Insulation Board
Slope:	Zone 1': Zone1: Zone 2: Zone 3:
Anchor/ Base Sheet & No. of Ply(s):	
Anchor/ Base Sheet Fastener/ Bonding Material:	Illustrated Components Noted and Details as Applicat Woodblocking, Gutter, Edge Termination, Stripping, Flashing, Continuous Cleat, Cant Strip, Base Flashing, Counterflashing, Coping, Etc.
	Indicate: Mean Roof Height, Parapet Height, Height Base Flag
Base Insulation Size and Thickness:	Component Material, Material Thickness, Fastener Type, Fas
base insulation rastener/ bonding Material.	Spacing or Submit Manufactures Details that Comply with RA and Chapter 16.
Top Insulation Layer:	
Top Insulation Size and Thickness:	
Top Insulation Fastener/Bonding Material:	FT.
	Parapet Height
Base Sheet Eastener/ Bonding Material:	
buse sheet i ustenely bonding Material.	FT
Ply Sheet(s) and No. of Ply(s):	
Ply Sheet Fastener/ Bonding Material:	Mean Roof Height
 Top Ply:	
·····	

High Velocity Hurricane Zone Uniform Roofing Application Form for Village of Pinecrest

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:						
: 12 Insulation:						
Fire Barrier:						
Ridge Ventilation? Fastener Type & Spacing:						
Cap Sheet Type:						
Mean Roof Height: Cap Sheet Attachment:						
Roof Covering:						
Drip Edge Type & Size:						

Florida Building Code 7th Edition (2020) High Velocity Hurricane Zone Uniform Roofing Application Form for Village of Pinecrest 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



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	_) = Fr1	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	Н	Job Site			
Roof Slope	θ	Job Site			
Aerodynamic Multiplier	λ	Product Approval / Notice of Acceptance			
Restoring Moment due to Gravity	Mg	Product Approval / Notice of Acceptance			
Attachment Resistance	M _f	Product Approval / Notice of Acceptance			
Required Moment Resistance	Mr	Calculated			
Minimum Attachment Resistance	F'	Product Approval / Notice of Acceptance			
Required Uplift Resistance	Fr	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.					