

ROOFING PERMIT APPLICATION

FOR OFFICE USE ONLY	INSTRUCTIONS: Submittals shall include the Attached FBC Sect. 1525 Application . Application must be typed or printed in ink. Submit original application signed and notarized. Attach (2) two sets of hardcopy plans, specs, product approvals, calcs and asbestos abatement report (REQUIRED). For further assistance call 954.766.2717
Permit No. _____	
File No. _____	

1. BC Proj. Mgr:	Mobile: () -	Email:
2. BC Project No.:	Asbestos Abatement report attached: ☐ Y ☐ N	
3. Campus: ☐ North ☐ Central ☐ South ☐ DTC ☐ Cypress ☐ Coral Springs ☐ Miramar ☐ Other:		
4. Building No. / Location:		
5. Type of Work: ☐ New Roof ☐ Re-roof ☐ Repair Roof / Waterproofing Type of Deck: ☐ Wood ☐ Metal ☐ Concrete Existing Roof: ☐ To Remain OR ☐ To be removed		
6. Number of squares of each type: Pitched: _____ Flat: _____ Mean Roof Height: _____ Slope of Roof: _____		
7. ☐ Waterproofing system description: _____ ☐ Plans / Specs attached		
8. Roof Covering Materials (Mark all boxes that apply) ☐ Built-Up ☐ Modified ☐ Clay Tile ☐ Standing-Seam Metal ☐ Single-Ply ☐ Cold Tar ☐ Cement Tile Shingles ☐ Composition ☐ Other (describe): _____		
9. Roof Mounted Equipment: ☐ A/C ☐ Solar Ventilation ☐ None		
10. Roofing system to be used: (Attach Specifications)		
11. Est. Cost \$	Est. Duration	Days
Est. Sq Ft.		
12. Contracting Firm:		
Address:		
Qualifier Name:		
License No.:		Phone:
13. Architect / Engineer:		
Address:		
Qualifier Name:		
License No.:		Phone:
14. Present Insulation Value R,(IN):		
15. Proposed Insulation Value R,(IN):		

This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, ROOFS, FURNACES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc...

OWNER/CONTRACTOR AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

"NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies."

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

16. Owner (or BC Project Manager):

Print Name of Owner (or PM)

Date: _____

Owner or Program Manager Signature

STATE of FLORIDA, COUNTY of _____
Sworn to and subscribed before me this ____ day of _____, 20__, by _____.

Notary Signature

(SEAL)

Personally known ☐ OR produced identification ☐
Type of identification produced _____

Contractor / Qualifier:

Print Name of Contractor

Date: _____

Contractor (Qualifier) Signature

STATE of FLORIDA, COUNTY of _____
Sworn to and subscribed before me this ____ day of _____, 20__, by _____.

Notary Signature

(SEAL)

Personally known ☐ OR produced identification ☐
Type of identification produced _____

Building Code Administration Use Only

BCAD Approval Signatures:

Recommended for Approval: _____ Date: _____

Application Approved by: _____ Date: _____

**SECTION 1525
HIGH-VELOCITY HURRICANE ZONES—UNIFORM PERMIT APPLICATION**

Florida Building Code 6th Edition (2017)
High-Velocity Hurricane Zone Uniform Permit Application Form

INSTRUCTION PAGE

COMPLETE THE NECESSARY SECTIONS OF THE UNIFORM ROOFING PERMIT APPLICATION FORM AND ATTACH THE REQUIRED DOCUMENTS AS NOTED 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
Prescriptive BUR-RAS 150	A,B,C	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 of Product Approval
5.	Municipal Permit Application
6.	Owners Notification for Roofing Considerations (Reroofing Only)
7.	Any Required Roof Testing/Calculation Documentation

Section A (General Information)

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Section C (Low Slope Application)

Fill in specific roof assembly components and identify manufacturer

(If a component is not used, identify as "NA")

System Manufacturer: _____

Product Approval No.: _____

Design Wind Pressures, From RAS 128 or Calculations:

P1: _____ P2: _____ P3: _____

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) & No. of Ply(s): _____

Ply Sheet Fastener/Bonding Material: _____

Top Ply: _____

Top Ply Fastener/Bonding Material: _____

Surfacing: _____

Fastener Spacing for Anchor/Base Sheet Attachment:

Field: _____" oc @ Lap, # Rows _____ @ _____" oc

Perimeter: _____" oc @ Lap, # Rows _____ @ _____" oc

Corner: _____" oc @ Lap, # Rows _____ @ _____" oc

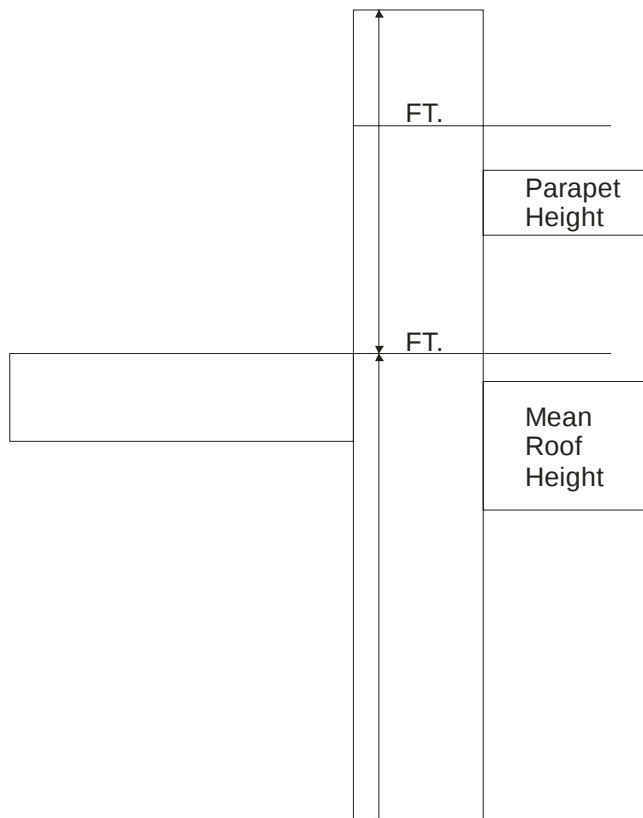
Number of Fasteners Per Insulation Board:

Field _____ Perimeter _____ Corner _____

Illustrate 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 of Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit Manufacturers Details that Comply with RAS 111 and Chapter 16.



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Section D (Steep Sloped Roof System)

Roof System Manufacturer: _____

Notice of Acceptance Number: _____

Minimum Design Wind Pressures, If Applicable (From RAS 127 or Calculations):
P1: _____ P1: _____ P1: _____

Roof Slope:
_____: 12

Ridge Ventilation?

Mean Roof Height: _____

Deck Type: _____

Type Underlayment: _____

Insulation: _____

Fire Barrier: _____

Fastener Type & Spacing: _____

Adhesive Type: _____

Type Cap Sheet: _____

Roof Covering: _____

Type & Size Drip
Edge: _____

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Section E (Tile Calculations)

For Moment based tile systems, choose either Method 1 or 2. 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"

$$\begin{aligned} (P1: \quad \times \lambda \quad = \quad) - Mg: \quad = M_{r1} \quad & \text{Product Approval } M_f \quad \\ (P2: \quad \times \lambda \quad = \quad) - Mg: \quad = M_{r2} \quad & \text{Product Approval } M_f \quad \\ (P3: \quad \times \lambda \quad = \quad) - Mg: \quad = M_{r3} \quad & \text{Product Approval } M_f \quad \end{aligned}$$

Method 2 "Simplified Tile Calculations Per Table Below"

Required Moment of Resistance (M_r) From Table Below M_f Product Approval M_f

M_r required Moment Resistance*					
Mean Roof Height Roof Slope	15'	20'	25'	30'	40'
2:12	34.4	36.5	38.2	39.7	42.2
3:12	32.2	34.4	36.0	37.4	39.8
4:12	30.4	32.2	33.8	35.1	37.3
5:12	28.4	30.1	31.6	32.8	34.9
6:12	26.4	28.0	29.4	30.5	32.4
7:12	24.4	25.9	27.1	28.2	30.0

*Must be used in conjunction with a list of moment based tile systems endorsed by the Broward County Board of Rules and Appeals.

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

Method 3 "Uplift Based Tile Calculations Per RAS 127"

$$\begin{aligned} (P1: \quad \times L \quad = \quad \times w: \quad) - W: \quad \times \cos \Theta \quad = F_{r1} \quad & \text{Product Approval } F' \quad \\ (P2: \quad \times L \quad = \quad \times w: \quad) - W: \quad \times \cos \Theta \quad = F_{r2} \quad & \text{Product Approval } F' \quad \\ (P3: \quad \times L \quad = \quad \times w: \quad) - W: \quad \times \cos \Theta \quad = F_{r3} \quad & \text{Product Approval } F' \quad \end{aligned}$$

Where to Obtain Information		
Description	Symbol	Where to find
Design Pressure	P1 or P2 or P3	RAS 127 Table 1 or by an engineering analysis prepared by PE based on ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	Θ	Job Site
Aerodynamic Multiplier	λ	Product Approval
Restoring Moment due to Gravity	M_g	Product Approval
Attachment Resistance	M_f	Product Approval
Required Moment Resistance	M_g	Calculated
Minimum Attachment Resistance	F'	Product Approval
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	W	Product Approval
Tile Dimensions	L = length W = width	Product Approval
All calculations must be submitted to the building official at the time of permit application.		