TOWN OF GOLDEN BEACH

One Golden Beach Drive, Golden Beach, FL 33160
Phone: (305) 932-0744 Facsimile: 933-3825

Florida Building Code 5th Edition 2014
HIGH VELOCITY HURRICANE ZONE UNIFORM ROOFING PERMIT APPLICATION

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
Asphatic 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

REQUIRED ATTACHMENTS

1. Fire Directory Listing Page
2. From **Notice of Acceptance**:

   - ❖ 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 Notice of Acceptances
5. Municipal Permit Application
6. Owners Notification for Roofing Considerations (Re-roofing Only)
7. Any Required Roof Testing/Calculation Documentation

Any other additional data reasonably required by the Building Official to determine the integrity of the roofing system.

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Section A (General Information)

Master Permit No._____ Process No._____

Contractor's Name_____

Job Address_____

Roof Category

___ Low slope ___ Mechanically Fastened Tile ___ Mortar/Adhesive Set Tile

___ Asphaltic Shingles ___ Metal Panel/Shingles ___ Wood Shingles/Shakes

___ Prescriptive BUR-RAS 150

Are there Gas Vent Stacks?
Yes ❑ No ❑
Type: Natural ❑ LPGX ❑

Roof Type

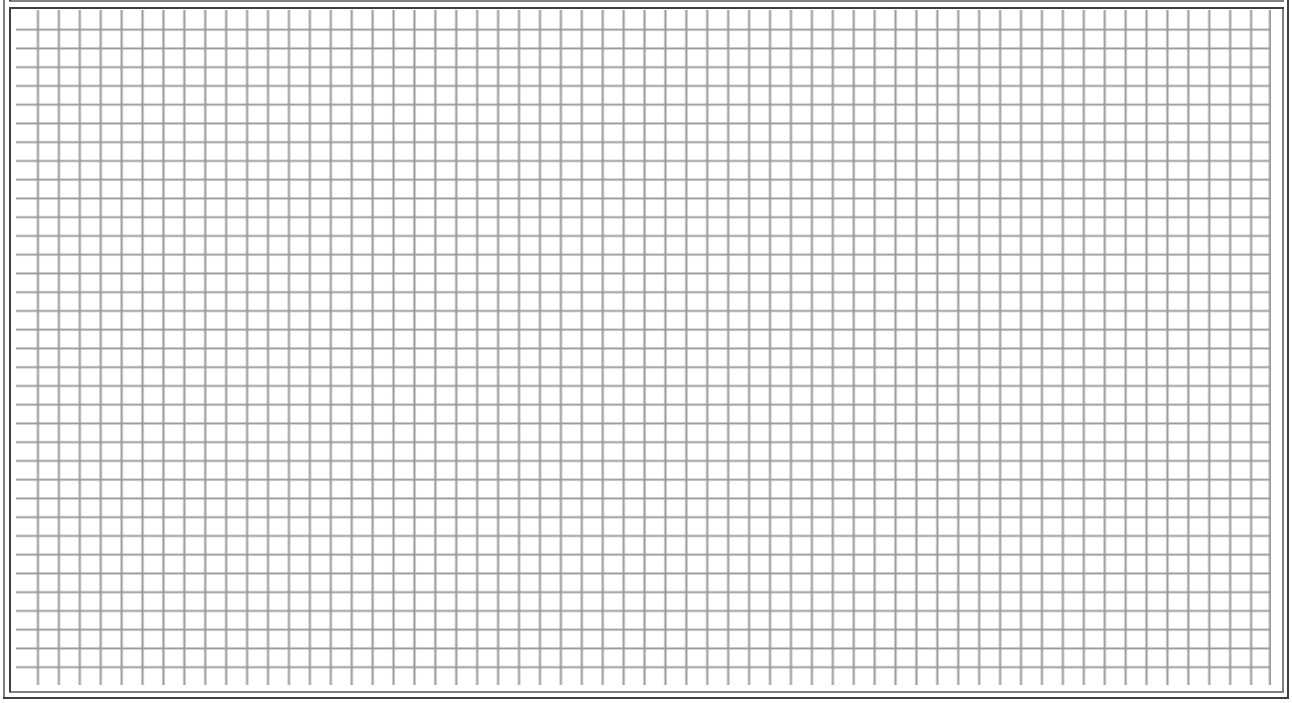
___ New Roof ___ Re-roofing ___ Recovering ___ Repair ___ Maintenance

Roof System Information

Low Slope Roof Area (SF)	Steep Sloped Roof Area (SF)	Total (SF)
_____	_____	_____

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.



Section C (Low Sloped Roof System)

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

System Manufacturer:_____

NOA No:_____

Design Wind Pressures, From RAS 128 or Calculations:

Pmax1:_____ Pmax 2:_____ Pmax 3:_____

Maximum Design Pressure, From the Specific **NOA**
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:_____"o/c @ laps &_____rows @ _____"o/c

Perimeter:_____ "o/c @ laps &_____rows @ _____"o/c

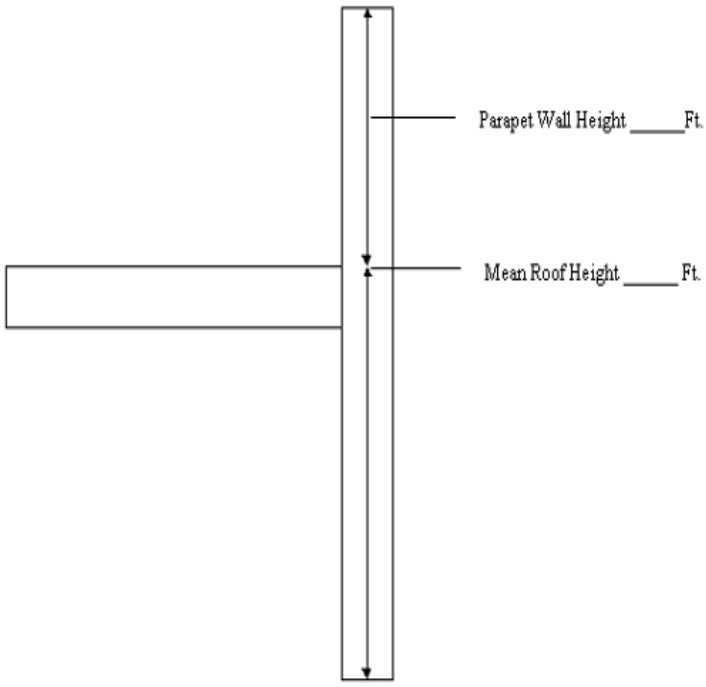
Corner:_____ "o/c @ laps &_____rows @ _____"o/c

Number of Fasteners Per Insulation Board

Field_____ Perimeter_____ Corner_____

Illustrate Components Noted and Details As Applicable:
Wood-blocking, Gutter, Edge Terminations, Stripping, , Flashing, Continuous Cleat, Cant Strip, Base Flashing, Counter-flashing,, 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):

P 1: _____ P2:_____ P3:_____

Maximum Design Wind Pressure
(From the NOA Specific System):_____

Method of tile attachment:_____

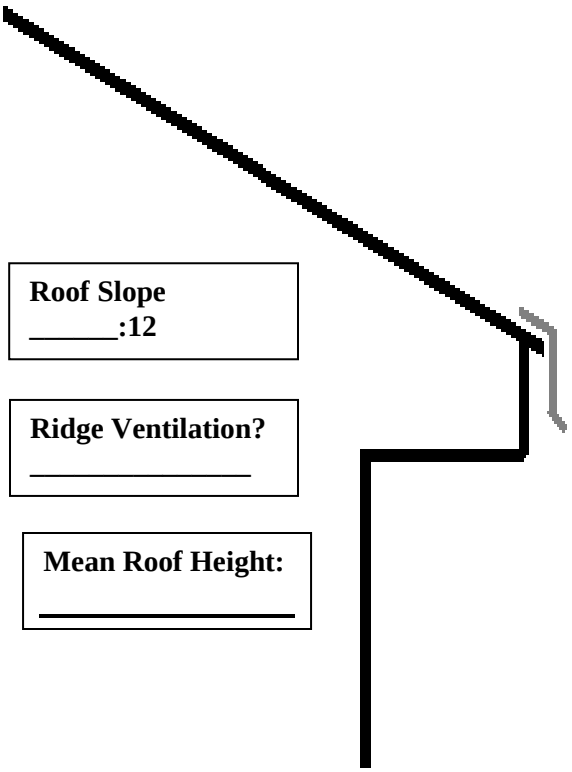
Steep Sloped Roof System Description

Deck Type: _____

Underlayment Type:_____

Insulation:_____

Fire Barrier:_____



Roof Slope _____:12

Ridge Ventilation? _____

Mean Roof Height: _____

Fastener Type &Spacing:_____
AdhesiveType:_____
Type Cap Sheet:_____
Roof Covering:_____
Type & Size Drip Edge:_____

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SECTION E (Tile Calculations)

For moment based tile systems, chose either Method 1or 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"

P_1:_____ x λ _____=_____) -Mg: _____ = M_{r1}:_____ NOA M_f: _____
P_2:_____ x λ _____=_____) -Mg: _____ = M_{r1}:_____ NOA M_f: _____
P_3:_____ x λ _____=_____) -Mg: _____ = M_{r1}:_____ NOA M_f: _____

Method 2 "Simplified Tile Calculation Per Table Below"
Required Moment of Resistance (M_r) From Table Below: _____ NOA 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

***This table 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. Compare 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"

(P_1:_____ x l:_____ = _____ x w:_____) – w:_____ x cos θ:_____ = F_{r1}:_____ NOA F':_____
(P_2:_____ x l:_____ = _____ x w:_____) – w:_____ x cos θ: _____= F_{r2}_____ NOA F':_____
(P_3:_____ x l:_____ = _____ x w:_____) – w:_____ x cos θ: _____= F_{r3}_____ NOA F':_____

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 a P.E. based on ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	θ	Job Site
Aerodynamic Multiplier	λ	NOA
Restoring Moment due to Gravity	M_g	NOA
Attachment Resistance	M_f	NOA
Required Moment Resistance	M_r	Calculated
Minimum Attachment Resistance	F'	NOA
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	W	NOA
Tile Dimensions	l = length w = width	NOA

All calculations must be submitted to the Building Official at the time of permit application.

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SECTION 1524
HIGH VELOCITY HURRICANE ZONES-- REQUIRED OWNERS 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 Chapter 15 of the ***Florida Building Code, Building*** 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 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 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***.

_____ **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. **Exception:** Attic spaces, designed by a Florida-licensed engineer or registered architect to eliminate the attic venting, venting shall not be required.

Owner's/Agent's Signature:_____ Date:_____/_____ /_____
Contractor's Signature:_____ Permit Number:_____
Property Address:_____

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BUILDING DEPARTMENT

1 Golden Beach Drive
Golden Beach, FL 33160
Office: 305-932-0744 Fax: 305-933-3825
http://www.goldenbeach.us/

AFFIDAVIT OF COMPLIANCE WITH ROOF DECKING ATTACHMENT AND SECONDARY WATER BARRIER Hurricane Retrofit for Existing Site-Built Single Family Residential Structures

OWNER'S NAME		ROOFING PERMIT NUMBER		DATE
PROPERTY ADDRESS	CITY		STATE	ZIP

Dear Building Official:

I,_____qualifying agent, certify that the roof decking attachment has been completed in accordance with Florida Building Code, Existing Volume Section 706.7.1.1 or 706.7.1.2 and a secondary water barrier has been provided in accordance with Florida Building Code, Existing Volume Section 706.7.2.

_____ _____
Signature of Qualifying Agent Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me by means of

❑ physical presence OR ❑ online notarizations

this_____day of_____,20_____,

by _____

Signature of Notary Public_____

Print Name_____

NOTARY
(SEAL)

Personally known _____

or Produced Identification _____

Type of Identification Produced_____

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BUILDING DEPARTMENT
1 Golden Beach Drive
Golden Beach, FL 33160
Office: 305-932-0744 Fax: 305-933-3825
http://www.goldenbeach.us

OWNER'S AFFIDAVIT OF EXEMPTION
Roof-to-Wall Connection Hurricane Mitigation Retrofit for Existing Site-Built Single Family Residential Structures

OWNER'S NAME		ROOFING PERMIT NUMBER		DATE
PROPERTY ADDRESS	CITY		STATE	ZIP

Dear Building Official:

I,_____property owner, certify that I am not required to retrofit the roof-to-wall connections of my building because of one of the following reasons (select one):

❑ The building has an insured value of $300,000 or less. **(Provide copy of homeowner's insurance), OR**

❑ Is uninsured or I cannot provide insurance documentation, and the just value of the structure for purposes of ad valorem taxation is less than $300,000. (**Provide a copy of the Miami-Dade County Property Appraiser's Assessment), OR**

❑ The building was constructed in compliance with the provisions of the Florida Building Code (FBC) or with the provisions of the 1994 edition of the South Florida Building Code (1994 SFBC). **(Provide a copy of the building permit) & (If built before 1994 provide a compliance letter from a Florida Registered Engineer or Architect), OR**

❑ The roof-to-wall connections at gables ends or all corners cannot be completed for 15% of the cost of roof replacement. **(Provide an estimate of costs for retrofit by a General Contractor)**

_____ _____
Signature of Qualifying Agent Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me by means of

❑ physical presence OR ❑ online notarizations

this_____day of_____,20_____,

by_____

Signature of Notary Public _____

Print Name _____

NOTARY
(SEAL)

Personally known _____

or Produced Identification _____

Type of Identification Produced_____