Florida Building Code 8th Edition (2023)

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

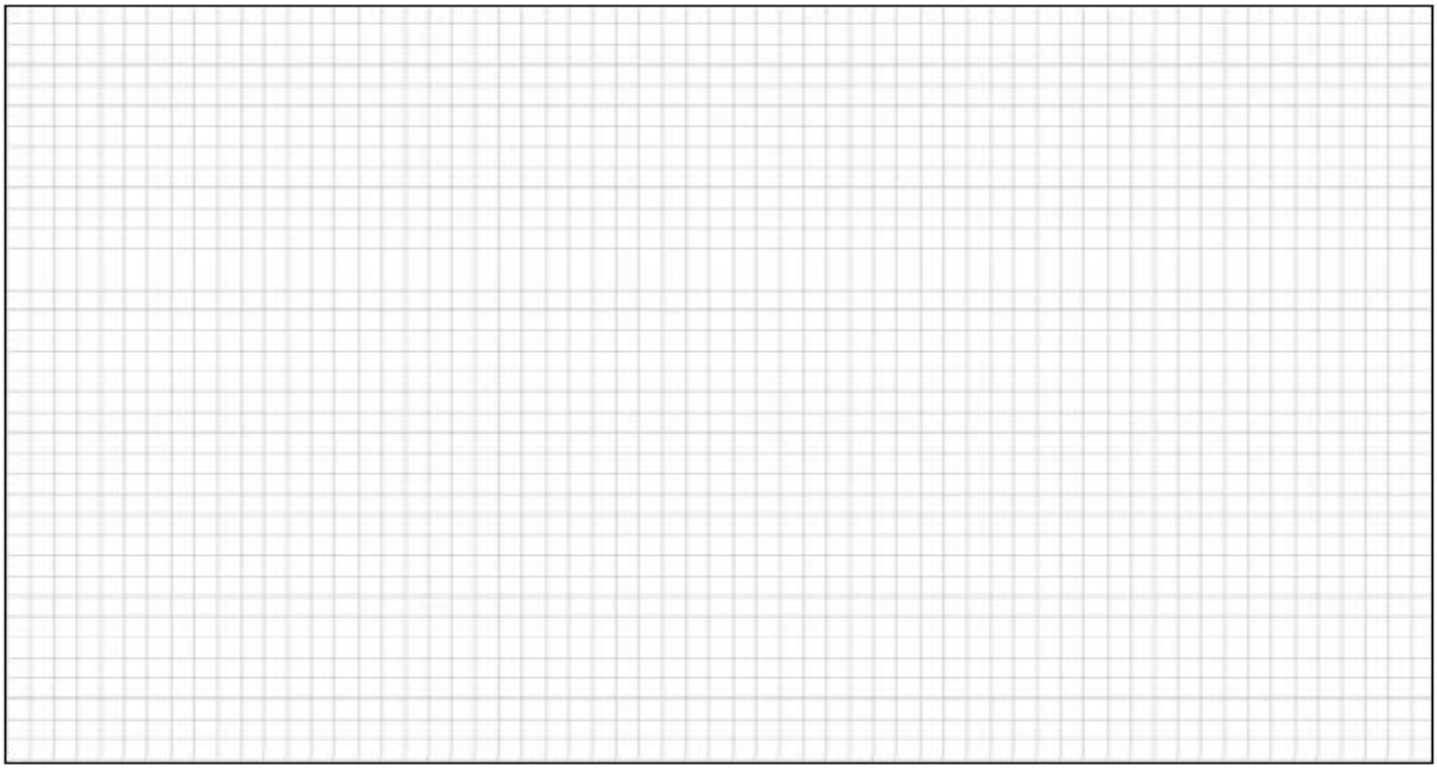
Low Slope Roof Area (ft^2) _____ Steep Sloped Roof Area (ft^2) _____ Total (ft^2) _____

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

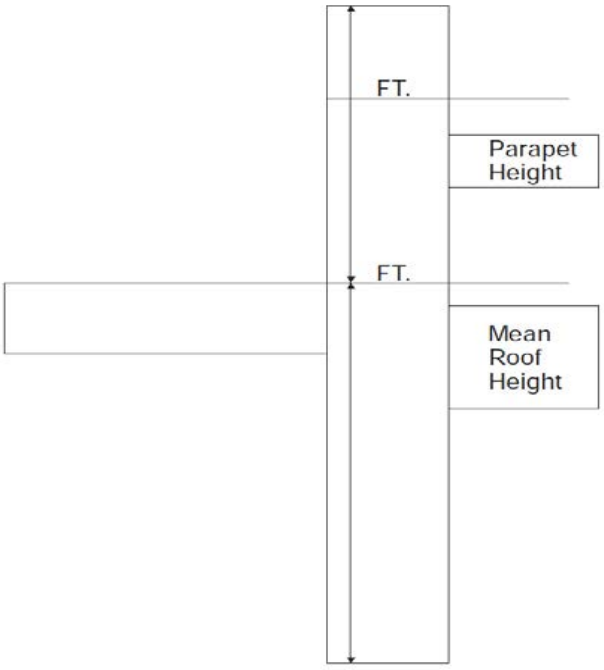
Zone 3 _____ " oc @ Laps, # Rows _____ @ _____" oc

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 2: _____ Zone3: _____

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

(Zone 3: _____ x λ _____ = _____) – Mg: _____ = Mr_{2n} _____ Product Approval Mf: _____

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

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

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 2: _____ x L = _____ x W = _____) – (w) x cos θ _____) = Fr_2 _____ Product Approval F': _____

(Zone 3: _____ x L = _____ x W = _____) – (w) x cos θ _____) = Fr_3 _____ Product Approval F': _____

Where to obtain information		
Description	**Symbol**	**Where to Find**
Design Pressure	Zones 1, 2, & 3	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.		

Print Form Reset Form

Calculations for a Balanced Ventilation System

For proper ventilation, the amount of under eave or soffit ventilation must equal or be greater than the amount of ventilation at the ridge.

I. Determine net free ventilating area (NFVA)

$\frac{\text{Sq. ft. of attic floor space}}{300}$ = required minimum square feet (ft²) of NFVA

$\frac{\square}{300}$ ft² = ☐ ft² required NFVA

Divide the required NFVA by 2

$\frac{\text{NFVA}}{2}$ = $\frac{\square}{2}$ ft² = ☐ ft² Minimum required ridge ventilation

$\frac{\text{NFVA}}{2}$ = $\frac{\square}{2}$ ft² = ☐ ft² Minimum required soffit ventilation

II. Determine the amount of ridge ventilation to be installed.

Ridge vent opening width required by manufacturer: ☐ in.

Ridge venting to be installed: ☐ lineal ft.

Vent opening ☐ in. x ☐ lineal ft. x 12 in/ft ÷ 144 in² = ☐ ft² of ridge venting

III. Determine the amount of existing soffit ventilation.

Measure existing vent openings and determine total sq.ft.

1. Number of 4” x 12” screened vents: ☐ x 48 in² = ☐ /144 in.²
= ☐ ft² of soffit venting
2. Number of 4” x 16” screened vents: ☐ x 64 in² = ☐ /144 in.²
= ☐ ft² of soffit venting
3. Number of 6” x 12” screened vents: ☐ x 72 in² = ☐ /144 in.²
= ☐ ft² of soffit venting

4. Number of 6” x 24” screened vents: [ ] x144 in² = [ ] /144 in.²

= [ ] ft² of soffit venting

5. Number of [ ] ” x [ ] ” screened vents: [ ] x [ ] in² = [ ] / 144 in.²

= [ ] ft² of soffit venting

6. Continuous Soffit Venting:

Vent opening width: [ ] in. x [ ] lineal ft.@ soffit x 12 in/ft = [ ] / 144 in.²

= [ ] ft² of soffit venting

IV. Provided ventilation

In no case shall the amount of exhaust ventilation (ridge) exceed the amount of intake ventilation (soffit).

Total installed soffit venting (intake) [ ] ft²

Total installed ridge venting (exhaust) [ ] ft²

MIAMI-DADE COUNTY

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.

☐ **8. Existing Solar Systems:** The re-installation of an existing roof mounted photovoltaic system requires a separate permit. Permit must be obtained in order to finalize the roofing permit.

_____ _____ / _____ / _____

OWNER'S/AGEN'TS SIGNATURE DATE

_____ _____

CONTRACTOR'S SIGNATURE PERMIT NUMBER

_____ _____ _____ _____

PROPERTY ADDRESS STATE ZIP

RESET

BAL HARBOUR

- VILLAGE -

BUILDING DEPARTMENT

CERTIFICATE OF COMPLIANCE-ROOFING AFFIDAVIT

Job Address: _____ Permit No. _____

Name of Roofing Company: _____

Name of Qualifier: _____ License No.: _____

Address: _____

I hereby certify to the Village of Bal Harbour Department that all portions of the above described roof improvements, covered and unseen by the roofing inspector during "in-progress" inspections, was constructed and/or installed in accordance with approved plans, specifications and product control approval as per Florida Building Code.

_____ _____

Qualifier Signature Date

_____, having first been duly sworn, does affirm
(Print Name of Qualifier/Contractor)

the statement above to be true and correct by his own personal knowledge.

_____ _____

Notary (Seal/Stamp) Date

○ Personally known to me

○ Produced photo ID – Type of ID _____

OWNER'S AFFIDAVIT OF EXEMPTION

ROOF TO WALL CONNECTION HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.

Date: _____

To: Bal Harbour Village, Building Department
655 96 ST
Bal Harbour, FL 33154

Re: Owner's Name _____

Property Address _____

Roofing Permit Number _____

Dear Building Official:

I _____ certify that I am not required to retrofit the roof to wall connections of my building because:

_____ The just valuation for the structure for purposes of ad valorem taxation in less than $300,000.00.

_____ 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).

_____
Signature of Property Owner

_____
Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day

of _____, 20_____

(SEAL)

____ Personally known
____ or Produced Identification

When the just valuation of the structure for purposes of ad valorem taxation is equal to or more than $300,000.00, and the building was not constructed in compliance with the FBC nor with 1994 SFBC, and affidavit of Roof to Wall Connection Hurricane Mitigation Retrofit must be provided.

AFFIDAVIT OF COMPLIANCE WITH ROOF DECKING ATTACHMENT AND SECONDARY WATER BARRIER HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.

Date:_____

To: Bal Harbour Village, Building Department
655 96 ST
Bal Harbour, FL 33154

Re: Owner's Name _____

Property Address _____

Roofing Permit Number _____

Dear Building Official:

I _____ 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 "Manual of Hurricane Mitigation Retrofits for Existing Site-Built Single Family Structures" adopted by the Florida Building Commission by Rule 9B-3.047 F.A.C.

Qualifying Agent

_____
Signature of Qualifying Agent

_____
Print Name

_____
License Number

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day

of _____, 20_____

(SEAL)

____ Personally known
____ or Produced Identification