

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/AGENTS SIGNATURE DATE

CONTRACTOR'S SIGNATURE PERMIT NUMBER

PROPERTY ADDRESS STATE ZIP

Florida Building Code 8th Edition (2023)

High Velocity Hurricane Zone Uniform Roofing Application Form for Miami-Dade County

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 (ft²), Steep Sloped Roof Area (ft²), Total (ft²)

Are there gas vents on the roof? ... If Yes what type? ... Is there an existing roof top Solar System? ...

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

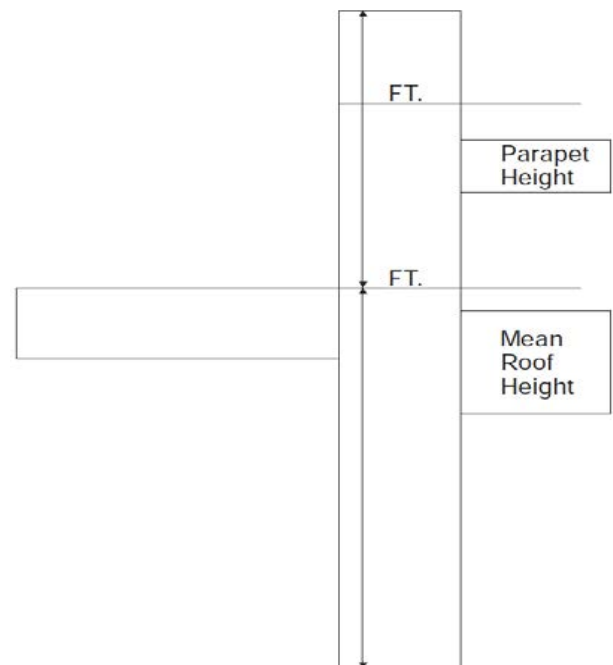
Number of Fasteners Per Insulation Board

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: $\geq 2:12$ to $\leq 4:12$ $> 4:12$ to $\leq 6:12$ $> 6:12$ to $\leq 12:12$

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: _____ = M_{r1} _____ Product Approval M_f : _____

(Zone 2: _____ x λ _____ = _____) – Mg: _____ = M_{r2e} _____ Product Approval M_f : _____

(Zone 3: _____ x λ _____ = _____) – Mg: _____ = M_{r2n} _____ Product Approval M_f : _____

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 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"

(Zone 1: _____ x L = _____ x W = _____) – (w) x cos θ _____) = F_{r1} _____ Product Approval F' : _____

(Zone 2: _____ x L = _____ x W = _____) – (w) x cos θ _____) = F_{r2} _____ Product Approval F' : _____

(Zone 3: _____ x L = _____ x W = _____) – (w) x cos θ _____) = F_{r3} _____ 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.



6601 Main St, Suite 101 , 33014
 Office: (305) 827-4015
 Website: www.miamilakes-fl.gov
 Email: buildingdepartment@miamilakes-fl.gov

SHEATHING AFFIDAVIT

Job Site Information			
Job Address:		Permit Number:	
Roofing Company Information			
Roofing Company:		Name of Qualifier:	
Address:			

I, _____, do hereby affirm:
 (Print Name of Qualifier)

That I have personally inspected the re-nailing of the existing roof sheathing as required by Florida Building Code (FBC-B) Section 2322.2.8, for the area covered by the roofing permit referenced above and further state that the re-nailing of the sheathing meets the requirements of the current edition of the Florida Building Code (FBC-B) section 2322.2.

FBC Section (FB-B) 2322.2.2, board roof sheeting shall have a net thickness of not less than 3/4 inch when the span is not more than 28 inches or 5/8 inch when the span is not more than 24 inches, shall have staggered joints and shall be nailed with 8d ring shank nails not less than two in each 6 inch board nor three in each 8 inch board at each support.

FBC Section (FBC-B) 2322.2.8, when existing roofs are re-roofed to the point that the existing roofing is removed down to the plywood sheathing, the existing roof sheathing shall be re-nailed with 8d ring shank nails (0.131 diameter by 2-1/2" long with a 0.281 diameter full round head). Power driven 8d ring shank nails shall be of the same dimensions. Nail spacing shall be six inches on center at panel edges, six inches on center at intermediate supports and where applicable 10d nails four inches on center over gable ends and sub fascia. Existing fasteners may be utilized to achieve such minimum spacing.

 Qualifier/Contractor Signature Date

_____, having first being duly sworn, do affirm the statement above to
 (Print Name of Qualifier/Contractor)

be true and correct by his own personal knowledge.

 Notary Personally known to me

 (Steal/Stamp) Produced photo ID/Type of ID

 Date



BUILDING DEPARTMENT
CERTIFICATE OF COMPLIANCE-ROOFING AFFIDAVIT
FOR FLAT ROOFS ONLY – REQUIRED FOR FINAL INSPECTION

Job Address: _____ Permit No. _____

Name of Roofing Company: _____

Name of Qualifier: _____ License No.: _____

Address: _____

I hereby certify to the Town Of Miami Lakes Building 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 _____



**BUILDING DEPARTMENT
CERTIFICATE OF COMPLIANCE-ROOFING AFFIDAVIT
FOR METAL ROOFS ONLY – REQUIRED FOR FINAL INSPECTION**

Job Address: _____ Permit No. _____

Name of Roofing Company: _____

Name of Qualifier: _____ License No.: _____

Address: _____

I hereby certify to the Town Of Miami Lakes Building 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 _____



ATTENTION ALL HOMEOWNERS & ROOFING CONTRACTORS:

THERE HAS BEEN A CHANGE IN THE CODE THAT WILL IMPACT ALL RESIDENTIAL RE-ROOFING JOBS

NOTICE

HURRICANE MITIGATION RETROFIT REQUIREMENTS

The 2007 Florida Legislature established new requirements for retrofitting buildings undergoing alteration. The Florida Administrative Rule implementing the Legislature's mandate was adopted by the Commission at its August 21, 2007 meeting and will be in effect in October as directed.

Please Note: The intended requirements apply to pre-Florida Building Code construction. The law requires mitigation retrofits for site-built and single family residential structures. For a summary of mitigation requirements and for specific information on the law, please see Ch. 2007-126, online:

<http://election.dos.state.fl.us/laws/07laws/convframe.html>

For specifics on the mitigation techniques and requirements see the Commission website:

http://www.dca.state.fl.us/fbc/thecode/1_code_modifications.htm

RESIDENTIAL RE-ROOFING

All re-roofing permits for single family residences constructed prior to the implementation of the Florida Building Code must execute a Special Inspector form from an Architect or Engineer licensed in Florida, which will need to certify the following items and submit photography for each:

- A. Re-nailing of sheathing as required by Section 507.2.2 of the Florida Building Code, HVHZ.
- B. Certification of the roof secondary water barrier.

When the single family home structure is:

- Insured valued at \$300,000 or more; or
- The structure is uninsured; or
- When insured value documentation is not presented has a just valuation for the structure for the purposes of ad valorem taxation of \$300,000 or more.
-

The special inspector must certify that the roof to wall connections comply with the Florida Building Code (FBC) provisions. If the connections are not in compliance with the FBC, then a separate building permit is required for retrofitting the roof to wall connection.

A secondary water barrier should be installed using one of the following mitigation techniques offered in the Florida Commission Mitigation Retrofit Manual (refer to website noted above):

1. Option "A" - All joints in roof sheathing or decking shall be covered with a minimum 4" wide strip of self adhering polymer modified bitumen tape applied directly to sheathing or decking; or
2. "The Exceptions" - Asphalt impregnated #30 felt underlayment attached with nails and tin-caps complying with HVHZ of Florida Building Code 2004 HVHZ, and covered with either self adhering polymer modified bitumen cap sheet or an approved hot mop application complies with the secondary water barrier requirements.

**SPECIAL INSPECTION REPORT FOR ROOF DECKING ATTACHMENT AND SECONDARY WATER BARRIER
HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES
PURSUANT TO §553.844 F.S.**

Date: _____

To: Town of Miami Lakes Building Department
6601 Main Street
Miami, Florida 33014

Re: Owner's Name: _____

Property Address: _____

Roofing Permit Number: _____

Dear Building Official:

I, _____ certify that I have inspected roof decking attachment and fasteners have
Engineer/Architect

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.

Engineer/Architect

Signature of Engineer/Architect

Print Name

Seal

License Number

**OWNER'S AFFIDAVIT OF EXEMPTION
ROOF TO WALL CONNECTION HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY
RESIDENTIAL STRUCTURES
PURSUANT TO §553.844 F.S.**

Date: _____

To: Town of Miami Lakes Building Department
6601 Main Street
Miami Lakes, Florida 33014

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
Property Owner

my building because:

Property Owner Must Initial Each Line

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

_____ The building was constructed in compliance with the provisions of the Florida Building Code (FBC).

_____ The Building has an insured value of less than \$300,000 or if the building is uninsured for which documentation of insured value is not presented

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, and affidavit of Roof to Wall Connection Hurricane Mitigation Retrofit must be provided.

**SPECIAL INSPECTION REPORT FOR ROOF TO WALL CONNECTION HURRICANE MITIGATION RETROFIT FOR
EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES
PURSUANT TO §553.844 F.S.**

Date: _____

To: Town of Miami Lakes Building Department
6601 Main Street
Miami Lakes, Florida 33014

Re: Owner's Name: _____

Property Address: _____

Roofing Permit Number: _____

Dear Building Official:

I, _____, certify that I have inspected the roof to wall connections of the

Engineer/Architect

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

Engineer/Architect

Signature of Engineer/Architect

Print Name

(SEAL)

License Number