



Town of Loxahatchee Groves
155 F Road
Loxahatchee Groves, FL 33470
Phone: 561.807.6675 Fax: 561.793.2420
www.loxahatcheegrovesfl.gov

NEW COMMERCIAL CHECKLIST FORM - (FBC 8th Edition 2023)

THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING

- Completed Building Permit Application
- Notice of Commencement
- P.B. County Fire Plan Review Application
- Legible and current copy of Survey clearly showing where the structure will be constructed. One (1) site plan drawn to scale and/or one (1) signed and sealed survey, showing existing and proposed structures, dimensions from all property lines, use of adjoining properties, driveway(s), swales, flood zones and grades for drainage.
- Full set of construction documents/plans by registered design professional. (Plans must be signed, sealed, dated and have a digitally verifiable signature.)
- Sub Trade Applications
- Complete Energy Calculations
- Roof Material Worksheet for all proposed roofing systems (i.e. tile, shingles, flat, metal)
- Full and complete Product Approvals
- Elevation Certificate, if constructed within Flood Zone "AE"
- Health Department approval, if on septic system
- Approval/approved plans from the Department of Hotels and Restaurants, if applicable

SPECIFIC REQUIREMENTS

- Separate permits will be required for the work listed below. Check with the Town of Loxahatchee Groves Building Department for further separate permitting requirements.

- A/C Change-out
- Backflow Preventer
- Boiler
- Demolition (complete demo)
- Driveway/Walkway
- Dumpster Enclosure
- Electric (irrigation, temporary power pole, service change)
- Fence/Wall
- Fire Alarm
- Fire Sprinklers
- Fire Suppression Systems
- Fuel Storage Tanks & Dispensing Equipment
- Gas (LP or natural)
- Generator
- Grease Hood, Vapor Hood (Type I and Type II)
- Grease Interceptor
- Irrigation
- Landscaping
- Lightning Protection Systems
- Manure Bin
- Medical Gas Systems
- Miscellaneous Structures
- Re-roof
- Screen Enclosure
- Shed
- Signage
- Site Lighting (that is not entirely wall mounted to the structure)
- Solar Heating Systems
- Solar Power Systems
- Storm Protection Devices (hurricane shutters)
- Swimming Pool
- Swimming Pool Barrier
- Temporary Tent
- Walk-in Cooler
- Water Heater Change Out

**UNIVERSAL COUNTY-WIDE/MUNICIPAL
BUILDING PERMIT APPLICATION FORM**

January 2024 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version: _____ Permit Type: _____

Accepted By: _____ Application Date: _____

Application #: _____

1 KIND of PERMIT (CHECK ONE):

PRIMARY PERMIT
 SUB-PERMIT - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.

PRIVATE PROVIDER: **PLAN REVIEW** **INSPECTIONS**

2 PROPERTY OWNER: _____

TENANT: _____

ADDRESS: _____ **UNIT:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

3 TRADE (CHECK ONE):

STRUCTURAL **ROOFING** **ELECTRICAL**
 MECHANICAL **PLUMBING** **FIRE** **GAS**
 OTHER: _____

PRIMARY PERMIT #: _____

4 PROJECT NAME: _____

PCN: _____

LEGAL DESCRIPTION: _____

PROJECT ADDRESS: _____

CITY: _____

5 FURTHER WORK DESCRIPTION: _____

Type of Work: New Addition Alteration Repair Demo Temporary Other

VALUE: _____ PERMIT FEE: _____ NET S.F (for SFD's): _____
(SEE FEE SCHEDULE) (AS APPLIES) (AS APPLIES)

6

OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)

CONTRACTOR (CERT. HOLDER): _____ License #: _____

DBA (COMPANY NAME): _____ **Contact Person:** _____

ADDRESS: _____ **STATE:** _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

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, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S 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.

7

(Signature of Owner or Agent) (including contractor)

Print Name: _____

NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20_____, by

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Physical Presence _____ **OR Online Notarization** _____

Personally Known _____ **OR Produced Identification** _____

Type of Identification Produced _____

8

(Signature of Contractor)

Print Name: _____

NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20_____, by

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Physical Presence _____ **OR Online Notarization** _____

Personally Known _____ **OR Produced Identification** _____

Type of Identification Produced _____

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$15,000). PLEASE ADDRESS ALL ITEMS.

9 **Fee Simple Titleholder's Name** (If other than owner): _____
Fee Simple Titleholder's Address (If other than owner): _____

City: _____ State: _____ Zip: _____
 Same as Owner

10 **Bonding Company**: _____
Bonding Company Address: _____

City: _____ State: _____ Zip: _____
 Not Applicable

11 **Architect/Engineer's Name**: _____
Architect/Engineer's Name Address: _____

City: _____ State: _____ Zip: _____
 Not Applicable

12 **Mortgage Lender's Name**: _____
Mortgage Lender's Address: _____

City: _____ State: _____ Zip: _____
 Not Applicable

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN \$5,000 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

OFFICE USE ONLY BELOW THIS LINE

13 **CODE EDITION/NOTES:** _____

14 **USE (CHECK ONE):**
 1 & 2 FAMILY TOWNHOUSE CONDOMINIUM
 MULTI-FAMILY COMMERCIAL INDUSTRIAL
 AGRICULTURAL - BLDG CODE EXEMPT OTHER: _____

 USE CHANGE: _____

Instrument Prepared By:

Name: _____

Address: _____

PERMIT NUMBER: _____

NOTICE OF COMMENCEMENT

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **DESCRIPTION OF PROPERTY** (Legal description of the property & street address, if available) **TAX FOLIO NO (PCN):** _____

Legal Description _____

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** _____

3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

a. Name and address: _____

b. Interest in property: _____

c. Name and address of fee simple titleholder (if different from Owner listed above): _____

4. a. **CONTRACTOR'S NAME:** _____

Contractor's address: _____ b. Phone number: _____

5. **SURETY** (if applicable, a copy of the payment bond is attached): a. Amount of bond: _____ b: Phone number: _____

c. Name and address: _____

6. a. **LENDER'S NAME:** _____

Lender's address: _____ b. Phone number: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

a. Name and address: _____

b. Phone numbers of designated persons: _____

8. a. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: _____

9. Expiration date of notice of commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): _____, 20_____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization,

this _____ day of _____, 20_____, by _____,
(name of person)

as _____ for _____
(name of party on behalf of whom instrument was executed) **(type of authority...e.g. officer, trustee, attorney in fact)**

Personally Known or Produced Identification Type of Identification Produced _____

Notary

(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)



PALM BEACH COUNTY FIRE RESCUE
PLANS REVIEW APPLICATION



FP # _____

Permit # _____

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME _____

ADDRESS OF PROJECT _____

CITY/TOWN _____

➤ <input type="checkbox"/> CONSTRUCT	<input type="checkbox"/> REVISE	<input type="checkbox"/> ALTER
➤ <input type="checkbox"/> MULTIPLE DWELLING	<input type="checkbox"/> CIVIL	<input type="checkbox"/> COMMERCIAL
➤ <input type="checkbox"/> INTERIOR	<input type="checkbox"/> HOOD SYSTEM	<input type="checkbox"/> FUEL TANK/LINES
<input type="checkbox"/> LP GAS	<input type="checkbox"/> FIRE ALARM	<input type="checkbox"/> FIRE SPRINKLER
<input type="checkbox"/> FIRE SUPPRESSION	<input type="checkbox"/> HVAC	<input type="checkbox"/> OTHER _____

NAME OF OWNER OR ENGINEER _____

ADDRESS OF OWNER OR ENGINEER _____

NAME OF CONTRACTOR _____

ADDRESS OF CONTRACTOR _____

PRINT APPLICANT / CONTACT NAME _____

APPLICATION DATE _____

TELEPHONE NUMBER _____

FAX NUMBER _____

VALUATION OF PROPOSED WORK _____

FOR OFFICE USE ONLY

FIRE REVIEW FEE _____

CHECK # _____

MSTU # _____

DATE _____

RECV'D _____

FIRE DEPARTMENT OFFICIAL

PALM BEACH COUNTY FIRE RESCUE

Rev. 09/2010



Town of Loxahatchee Groves
155 F Road
Loxahatchee Groves, Florida 33470
561.793.2418 fax 561.793.2420

CONCRETE/CLAY ROOF TILE INSTALL WORKSHEET FORM - (FBC 8th Edition 2023)

SITE ADDRESS: _____

Roof Design: Gable Roof **Design Pressures:** _____
(Select Only One) Hip Roof (Obtained from Tables on Page 2)

Sloped Roof Pitch: _____ / 12 **Mean Roof Height:** _____ Ft **Sloped Roof Area (SQRS):** _____

New Roof Re-Roofing Repair (ADDITIONAL DETAILS STILL REQUIRED)

Sheath-Over (ENGINEERING ATTACHED) Re-Nail

Tile-to-Tile Shingles/Shake-to-Tile 15/32" Plywood
(ENGINEERING ATTACHED) 19/32" Plywood

Skylights/Tubes Replaced:

Yes (NOA or FL # Attached)
 No _____

UNDERLayment/BASE SHEET SPECS: (CHOOSE ONLY 1)

<u>30# Felt</u> (ASTM D 226 Type II)	<u>Self-Adhered Underlayment</u>	<u>30#/90# Hot-Mopped</u>	<u>ONLY Direct-to-Deck</u>
NOA or FL# _____ (EXPOSURE <u>NOT</u> TO EXCEED 30 DAYS.)	NOA or FL# _____ System: _____	NOA or FL# _____ System: _____	NOA or FL# _____ System: _____

ROOF TILE SPECIFICATIONS:

<u>Manufacturer</u>	<u>Product Name</u>	<u>Tile Profile</u>	<u>NOA or FL Approval #</u>

ROOF TILE ATTACHMENT SPECIFICATIONS: (Attachment spec below MUST be highlighted in Product Approval)

<u>Mechanical (Only Options)</u>	<u>Foam Adhesive</u> (Paddy size shall be listed in grams)		<u>Mortar</u>
<input type="checkbox"/> 2 # 8 Screws <input type="checkbox"/> 2-10d Ring Shank Nails	Paddy: <input type="checkbox"/> Single <input type="checkbox"/> Double	Paddy Size (g): _____ NOA or FL# _____	Paddy Size: _____ NOA or FL# _____

FLAT ROOF INCLUDED:

YES

NO

(Separate Flat Roof Checklist Required)

ZONING REVIEW:

Roof Material Color: _____ (Attach Manufacturer's Color Chart for Zoning Review.)

Applicant's Affidavit: I hereby certify that I have read the material on all pages of this document and have FULLY provided ALL the information requested.

Qualifier Name

Qualifier Signature

Date

TABLE 2 GC
Gable Roof – ASCE 7-16
Exposure C – Tile Factor = 1.407 ft³

Roof Slopes	Mean Roof Heights (ft)	Roof Zones	170
			Ma (ft-lbf)
Less than 4.5:12	0-15	LPZ	36.1
		HPZ	41.5
	20	LPZ	38.2
		HPZ	44.0
	30	LPZ	41.6
		HPZ	47.9
	40	LPZ	44.2
		HPZ	50.8
	50	LPZ	46.3
		HPZ	53.2
	60	LPZ	48.0
		HPZ	55.2
4.5:12 to less than 6:12	0-15	LPZ	31.6
		HPZ	41.5
	20	LPZ	33.4
		HPZ	44.0
	30	LPZ	36.4
		HPZ	47.9
	40	LPZ	38.7
		HPZ	50.8
	50	LPZ	40.5
		HPZ	53.2
	60	LPZ	42.0
		HPZ	55.2
6:12 to 12:12	0-15	LPZ	27.1
		HPZ	37.9
	20	LPZ	26.8
		HPZ	40.1
	30	LPZ	31.2
		HPZ	43.7
	40	LPZ	33.1
		HPZ	46.4
	50	LPZ	34.7
		HPZ	48.6
	60	LPZ	36.0
		HPZ	50.4

LPZ = Low Pressure Zones 1, 2e, 2n, & 2r for Gable Roofs
 HPZ = High Pressure Zones 3e & 3r for Gable Roofs

REV: DEC 2020

TABLE 2 HC
Hip Roof – ASCE 7-16
Exposure C – Tile Factor = 1.407 ft³

Roof Slopes	Mean Roof Heights (ft)	Roof Zones	170
			Ma (ft-lbf)
Less than 4.5:12	0-15	LPZ	32.5
		HPZ	32.5
	20	LPZ	34.4
		HPZ	34.4
	30	LPZ	37.5
		HPZ	37.5
	40	LPZ	39.8
		HPZ	39.8
	50	LPZ	41.7
		HPZ	41.7
	60	LPZ	43.2
		HPZ	43.2
4.5:12 to less than 6:12	0-15	LPZ	27.1
		HPZ	27.1
	20	LPZ	28.7
		HPZ	28.7
	30	LPZ	31.2
		HPZ	31.2
	40	LPZ	33.1
		HPZ	33.1
	50	LPZ	34.7
		HPZ	34.7
	60	LPZ	36.0
		HPZ	36.0
6:12 to 12:12	0-15	LPZ	34.3
		HPZ	41.5
	20	LPZ	36.3
		HPZ	44.0
	30	LPZ	39.5
		HPZ	47.9
	40	LPZ	42.0
		HPZ	50.8
	50	LPZ	44.0
		HPZ	53.2
	60	LPZ	45.6
		HPZ	55.2

LPZ - Low Pressure Zones 1, 2e & 2r for Hip Roofs
 HPZ - High Pressure Zones 3 for Hip Roofs
 $h/B \leq 0.80$ values used where applicable
 (most conservative)

(PAGE 2 OF 3)

POLICIES & PROCEDURES FOR TILE ROOFS

The information provided herein serves to assist permit holders in understanding building code and building division policies effecting roof permits. Please contact the building division before commencing work if there are questions regarding code requirements.

CONTRACTOR AFFIDAVITS AND ENGINEER CERTIFICATION OF INSPECTION CAN BE ACCEPTED FOR ROOF SHEATHING AND ROOF METAL INSPECTIONS AND FLAT ROOFS. AFFIDAVIT TO BE ACCOMPANIED BY SUFFICIENT PHOTOGRAPHIC EVIDENCE AND DETAIL DEMONSTRATING COMPLIANCE WITH THE BUILDING CODE

Tile In-Progress: Scheduling of the Roof Tile In-Progress Inspection to be no later than prior to application of 20% of the Roof Tile. Foam applicators to be properly licensed and/or certified as required by roof tile adhesive manufacturer.

AT ALL TIMES, roof coverings application to be on a solid or closely fitted deck. Re-roofing over existing space-sheathed roof decks is NOT permitted except by code (wood shingles & wood shakes as per FBC-B 7th - Sections 1507.8, R905.7, 1507.9 & R905.8) and shall require a sheath-over or re-sheath using structural grade panels (plywood) according to current Florida Building Codes.

- Sheath-over (applying plywood panels over any existing sheathing) requires Florida Registered Design Professional written specifications (i.e. nail or screw length and fastening pattern into framing members). Submittal of written specifications required at time of roofing permit application.
- Re-sheath (removal and replacement of plywood panels) requires use of minimum 19/32" plywood fastened with 8d ring-shank nails 4" O.C. at all plywood edges and 6" O.C. in field. If a different nailing pattern is used, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.
- Spaced board sheathing fill-in: spaces between existing spaced-sheathing boards may be filled in with boards of the same size and thickness to provide a closely fitted solid deck. New boards to be fastened in accordance with current code requirements.

Existing plywood sheathing shall be re-nailed prior to application of any underlayment including ASTM asphalt base sheet. Re-nailing requires use of minimum 8d ring-shank nails, 6" O.C. at plywood edges & 6" O.C. in field. If a more stringent nailing pattern is required, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.



Town of Loxahatchee Groves
155 F Road
Loxahatchee Groves, Florida 33470
561.793.2418 fax 561.793.2420

SHINGLES/SHAKES INSTALLATION WORKSHEET FORM - (FBC 7th Edition 2020)

SITE ADDRESS: _____

New Roof Re-Roofing Repair (ADDITIONAL DETAILS STILL REQUIRED)

Sloped Roof Pitch: _____ / 12 Sloped Roof Area (In SQRS): _____

Sheath-Over (ENGINEERING ATTACHED) Spaced Sheathing Skylights/Tubes Replaced: _____

Re-Nail Shingle-Over (1 TIME ONLY) 15/32" Plywood Yes (w/NOA or FL#) No _____

UNDERLayment/Base Sheet Specs: Product Approval(s): _____

<input type="checkbox"/> Self-Adhered Direct-to-Deck	<input type="checkbox"/> 4" Wide strip	<input type="checkbox"/> 3 3/4" Wide strip	<input type="checkbox"/> 2 Layers of 30# (Only Option for Wood Shingles/Shakes)	<input type="checkbox"/> 2 Layers of Synthetic
Self-adhering polymer-modified bitumen underlayment directly over entire roof deck	4" Wide Strip of S.A. polymer-modified bitumen membrane per ASTM D1970 applied over all joints with 30# Felt on top	3 3/4" Wide strip of self-adhering flexible flashing tape per AAMA 711 applied over all joints with 30# Felt on top	Two (2) layers of ASTM D226 Type II – OR- ASTM D4869 Type III or Type IV. Layers to be lapped at 19" O.C. (See sketch on 2 nd Pg)	Two (2) layers of reinforced synthetic underlayment ASTM D226. Layer to be lapped by min. half width of rolls.

SHINGLES SPECIFICATIONS:

Manufacturer	Product Name	Shingle/Shake Type	NOA or FL Approval #

FLAT ROOF INCLUDED: **YES** **NO**

(Separate Flat Roof Checklist Required)

ZONING REVIEW:

Roof Material Color: _____ (Attach Manufacturer's Color Chart for Zoning Review.)

- NO THREE-TAB SHINGLES ALLOWED
- 30-YR or greater dimensional/architectural type laminated shingles.
- All new exposed wood (fascia & soffit) will be painted or primed prior to final inspection. Within 30 days of final inspection, owner will paint new exposed wood to match building colors.

Applicant's Affidavit: I hereby certify that I have read the material on all pages of this document and have FULLY provided ALL the information requested.

Qualifier Name _____

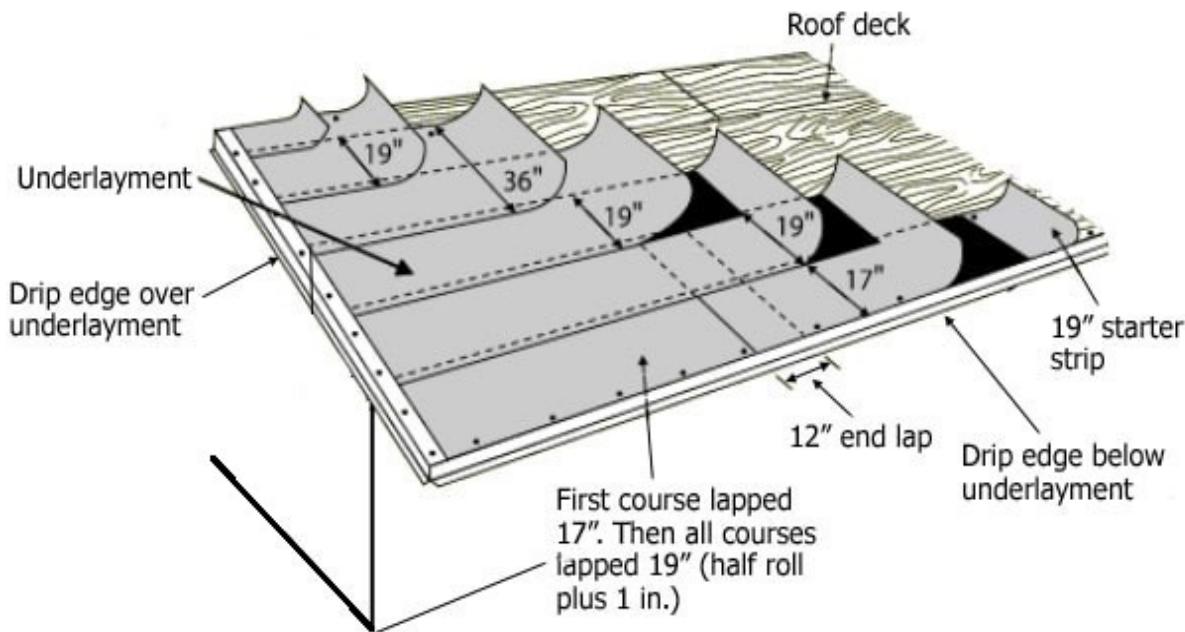
Qualifier Signature _____

Date _____



Town of Loxahatchee Groves
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Double Layer Roofing Underlayment



*****THIS DIAGRAM IS ONLY FOR
ILLUSTRATIVE PURPOSES.*****

*****ESTA DIAGRAMA ES SOLO PARA
PROPOSITOS DE ACLARAR LA
INSTALACION DEL DOBLE 30#.*****

POLICIES & PROCEDURES FOR SHINGLE/SHAKE ROOFS

The information provided herein serves to assist permit holders in understanding building code and building division policies effecting roof permits. Please contact the building division before commencing work if there are questions regarding code requirements.

**CONTRACTOR AFFIDAVITS AND ENGINEER CERTIFICATION OF INSPECTION CAN BE ACCEPTED FOR
ROOF SHEATHING AND ROOF METAL INSPECTIONS AND FLAT ROOFS. AFFIDAVIT TO BE ACCOMPANIED
BY SUFFICIENT PHOTOGRAPHIC EVIDENCE AND DETAIL DEMONSTRATING COMPLIANCE WITH THE
BUILDING CODE**

Asphalt composition shingles: Building code requirements specify that asphalt composition shingles (fiberglass shingles) shall resist 130 miles per hour wind speeds (per FBC-B 7th - Table 1507.2.7.1). The fiberglass shingles used must have product control approval from an approved agency and labeled for high wind resistance; must comply with ASTM D3161 Class F or ASTM D 7158 Class H).

AT ALL TIMES, roof coverings application to be on a solid or closely fitted deck. Re-roofing over existing space-sheathed roof decks is NOT permitted except by code (wood shingles & wood shakes as per FBC-B 7th - Sections 1507.8, R905.7, 1507.9 & R905.8) and shall require a sheath-over or re-sheath using structural grade panels (plywood) according to current Florida Building Codes.

- Sheath-over (applying plywood panels over any existing sheathing) requires Florida Registered Design Professional written specifications (i.e. nail or screw length and fastening pattern into framing members). Submittal of written specifications required at time of roofing permit application.
- Re-sheath (removal and replacement of plywood panels) requires use of minimum 19/32" plywood fastened with 8d ring-shank nails 4" O.C. at all plywood edges and 6" O.C. in field. If a different nailing pattern is used, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.
- Spaced board sheathing fill-in: spaces between existing spaced-sheathing boards may be filled in with boards of the same size and thickness to provide a closely fitted solid deck. New boards to be fastened in accordance with current code requirements.

Existing plywood sheathing shall be re-nailed prior to application of any underlayment including ASTM asphalt base sheet. Re-nailing requires use of minimum 8d ring-shank nails, 6" O.C. at plywood edges & 6" O.C. in field. If a more stringent nailing pattern is required, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.



Town of Loxahatchee Groves
155 F Road
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561.793.2418 fax 561.793.2420

FLAT ROOF INSTALLATION WORKSHEET FORM - (FBC 8th Edition 2023)

SITE ADDRESS: _____

New Roof Re-Roofing Recover/Roof-Over Repair (DETAILS STILL REQUIRED)

Commercial Residential Flat Roof Area (In SQRS): _____

Flat Roof Deck Type: _____

Enhanced Fastening Calculations by P.E./Arch./Roof Consultant Attached (REQUIRED FOR MIAMI-DADE NOA'S)

Roof Moisture Survey Attached (REQUIRED FOR RECOVER/ROOF-OVER)

Pull-Test Report Attached (REQUIRED FOR RECOVER/ROOF-OVER)

N.D.L. Warranty (PROVIDED AT ROOF FINAL INSPECTION)

FLAT ROOF SYSTEM SPECIFICATIONS:

Built-Up Roof System/Modified Bitumen System

NOA or FL Product Approval Number: _____

System # (as listed on the Product Approval): _____

Insulation Layer(s) & Attachment: _____

Cover Board & Attachment: _____

Ply Sheets & Attachment: _____

Cap Sheet & Attachment: _____

Other: _____

Single-Ply System or Roof Coating

NOA or FL Product Approval Number: _____

System # (as listed on the Product Approval): _____

Insulation Layer(s): _____

Cover Board: _____

Other: _____

Applicant's Affidavit: I hereby certify that I have read the material on both pages of this document and have FULLY provided ALL the information requested.

Qualifier Name

Qualifier Signature

Date

POLICIES & PROCEDURES FOR FLAT ROOFS

The information provided herein serves to assist permit holders in understanding building code and building division policies effecting roof permits. Please contact the building division before commencing work if there are questions regarding code requirements.

CONTRACTOR AFFIDAVITS AND ENGINEER CERTIFICATION OF INSPECTION CAN BE ACCEPTED FOR ROOF SHEATHING AND ROOF METAL INSPECTIONS AND FLAT ROOFS. AFFIDAVIT TO BE ACCOMPANIED BY SUFFICIENT PHOTOGRAPHIC EVIDENCE AND DETAIL DEMONSTRATING COMPLIANCE WITH THE BUILDING CODE

SLOPE & DRAINAGE:

FLAT ROOF SYSTEM CONSIDERED ANY ROOF SLOPE BELOW 2:12 PITCH.

POSITIVE DRAINAGE IS STILL REQUIRED PER FBC-EXISTING 7TH 2020 SECTION 706.1.

A VOW building permit does not assure compliance with your homeowners association's rules, regulations and/or deed restrictions. We advise you to obtain approval from your homeowners association before improving your property. All re-roof permit applications shall contain an accurate description of the removal of existing roof covering and the new roofing material intended for replacement.

Existing plywood sheathing shall be re-nailed prior to application of any underlayment including ASTM asphalt base sheet. Re-nailing requires use of minimum 8d ring-shank nails, 6" O.C. at plywood edges & 6" O.C. in field. If a more stringent nailing pattern is required, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.

Ponding Water:

After a rain event, some water may remain on a roof and be evaporated within a short period of time. However, the current roof system and/or roof 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, if the system is not designed to allow ponding. Ponding conditions may not be evident until the original roofing system is removed. Ponding conditions should be addressed.

Overflow Scuppers:

It is required that rainwater flows off a roof, 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 are not provided. If required, and overflow scuppers were not required in the original construction, it may be necessary to install them to prevent the overloading of the roof.

Existing HVAC Systems:

A separate or sub mechanical permit is required for any removal and reinstallation of existing mechanical equipment.



Town of Loxahatchee Groves
155 F Road
Loxahatchee Groves, Florida 33470
561.793.2418 fax 561.793.2420

METAL ROOF PANELS INSTALLATION WORKSHEET FORM - (FBC 8th Edition 2023)

SITE ADDRESS: _____

New Roof Re-Roofing Roof-Over Repair (DETAILS STILL REQUIRED)

Sloped Roof Pitch: _____ / 12 Sloped Roof Area (In SQRS): _____

Min. & Max. Pitch: _____ / 12 & _____ / 12 Sheath-Over (ENGINEERING ATTACHED)

Re-Nail Spaced Sheathing Metal-to-Metal

Tile-to-Metal Shingles/Shake-to-Metal 15/32" Plywood Skylights/Tubes Replaced:
(ENGINEERING ATTACHED) 19/32" Plywood Yes (NOA or FL # Attached)

No _____

UNDERLAYMENT/BASE SHEET SPECS: Product Approval(s): _____

<input type="checkbox"/> Self-Adhered Direct-to-Deck	<input type="checkbox"/> 4" Wide strip	<input type="checkbox"/> 3 3/4" Wide strip	<input type="checkbox"/> 2 Layers of 30#	<input type="checkbox"/> 2 Layers of Synthetic
Self-adhering polymer-modified bitumen underlayment directly over entire roof deck	4" Wide Strip of S.A. polymer-modified bitumen membrane per ASTM D1970 applied over all joints with 30# Felt on top	3 3/4" Wide strip of self-adhering flexible flashing tape per AAMA 711 applied over all joints with 30# Felt on top	Two (2) layers of ASTM D226 Type II – OR- ASTM D4869 Type III or Type IV. Layers to be lapped at 19" O.C. (See sketch on 2 nd Pg)	Two (2) layers of reinforced synthetic underlayment ASTM D226. Layer to be lapped by min. half width of rolls.

METAL PANEL SPECIFICATIONS:

<u>Manufacturer</u>	<u>Product Name</u>	<u>Panel Profile</u>	<u>NOA or FL Approval #</u>

METAL PANEL ATTACHMENT SPECIFICATIONS:

<u>Type</u>	<u>Field Spacing</u>	<u>Perimeter Spacing</u>	<u>Corner Spacing</u>
<input type="checkbox"/> Fasteners <input type="checkbox"/> Clips			

FLAT ROOF INCLUDED:

YES

NO

(Separate Flat Roof Checklist Required)

ZONING REVIEW:

Roof Material Color: _____ (Attach Manufacturer's Color Chart for Zoning Review.)

Applicant's Affidavit: I hereby certify that I have read the material on all pages of this document and have FULLY provided ALL the information requested.

Qualifier Name _____

Qualifier Signature _____

Date _____

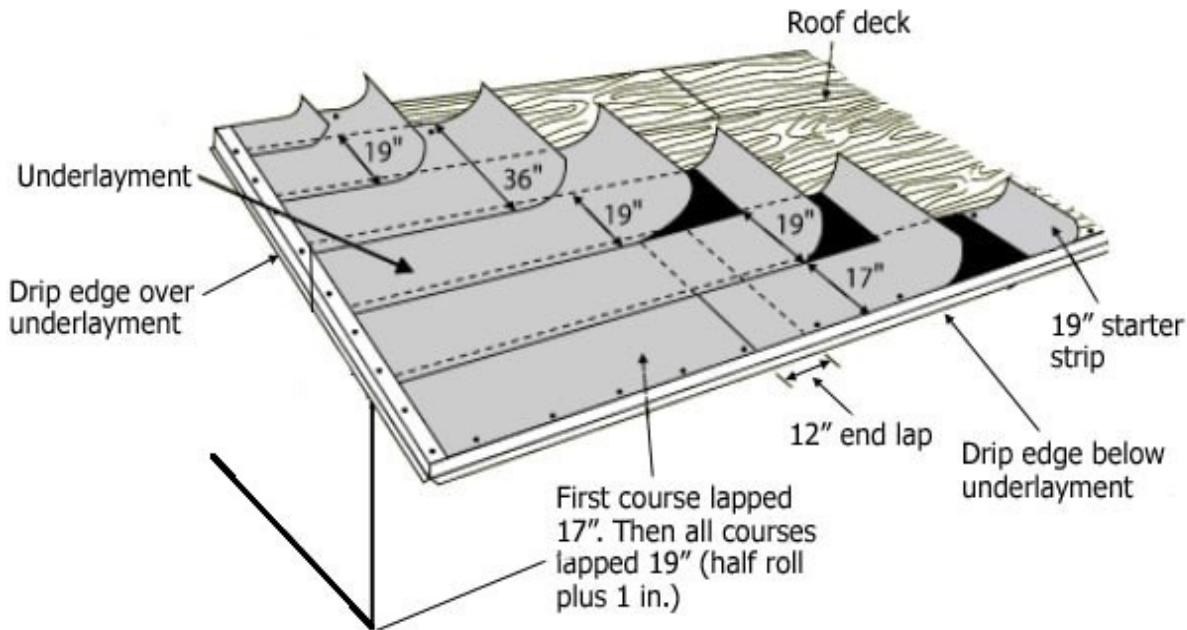
Rev: Jan 1, 2024

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Double Layer Roofing Underlayment



*****THIS DIAGRAM IS ONLY FOR
ILLUSTRATIVE PURPOSES.*****

*****ESTA DIAGRAMA ES SOLO PARA
PROPOSITOS DE ACLARAR LA
INSTALACION DEL DOBLE 30#.*****

POLICIES & PROCEDURES FOR METAL ROOFS

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AT ALL TIMES, roof coverings application to be on a solid or closely fitted deck. Re-roofing over existing space-sheathed roof decks is NOT permitted except by code AND product approvals and may require a sheath-over or re-sheath using structural grade panels (plywood) according to current Florida Building Codes.

- Sheath-over (applying plywood panels over any existing sheathing) requires Florida Registered Design Professional written specifications (i.e. nail or screw length and fastening pattern into framing members). Submittal of written specifications required at time of roofing permit application.
- Re-sheath (removal and replacement of plywood panels) requires use of minimum 19/32" plywood fastened with 8d ring-shank nails 4" O.C. at all plywood edges and 6" O.C. in field. If a different nailing pattern is used, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.
- Spaced board sheathing fill-in: spaces between existing spaced-sheathing boards may be filled in with boards of the same size and thickness to provide a closely fitted solid deck. New boards to be fastened in accordance with current code requirements.

Existing plywood sheathing shall be re-nailed prior to application of any underlayment including ASTM asphalt base sheet. Re-nailing requires use of minimum 8d ring-shank nails, 6" O.C. at plywood edges & 6" O.C. in field. If a more stringent nailing pattern is required, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.