



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

REROOF CHECKLIST FORM - (FBC 8th Edition 2023)

THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING

- ☐ Completed Building Permit Application
- ☐ Owner/Builder Affidavit, if applicable
- ☐ Notice of Commencement
- ☐ Roof Material Worksheet for all proposed roofing systems (i.e. tile, shingles, flat, metal)
- ☐ Full and complete Product Approvals

GENERAL INFORMATION

See roofing worksheets for additional information.

SPECIFIC REQUIREMENTS

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: _____ STE: _____ 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: _____



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OWNER/BUILDER AFFIDAVIT

NOTICE: Florida Statute 489.103 requiring construction to be done only by licensed contractors provides an exemption from licensing for property owners acting as their contractor under specific conditions. Answers to the following questions are essential to determine if those state qualifications are satisfied by an Owner/Builder applicant.

THIS DOCUMENT MUST BE REVIEWED AND SIGNED BY A REPRESENTATIVE OF LOXAHATCHEE GROVES

(Please Type or Print Clearly)

Owner/Builder Applicant Name: _____

1. Site address of the proposed building work _____

2. Name of legal title owner of the site address above _____

3. Describe the new construction or building work to be done at the site _____

4. How is the building or space going to be used? _____

5. Who will do the actual labor in each major trade area? Owner Alone, Owner with Hired Help or By Licensed Contractor (Name)

Trade Owner Alone or Owner with Hired Help or Licensed Contractor

6. Who will supervise the trade work to meet all the various adopted codes? _____

7. What provisions are there for Public Liability and Property Damage Insurance? _____

8. What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? _____



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9. How will Workers Compensation be provided for any people hired who are not licensed?

10. After improvements are done, who will use the space.

11. Do you plan to rent, lease or offer for sale and if so, when? _____

12. What previous Owner/Builder improvements have you done in Florida?(If “none”, state so)
Location Type of Work Done Year Done

13. What Code books do you own for reference? _____

Building

Electric

HVAC

Plumbing

14. Do you realize that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements? You are also liable for any one injured on the construction site. _____

15. Have you consulted with your Homeowner's Insurance Agent or Attorney?

☐ **I have read and understand all laws pertaining to Owner/Builder Construction and agree to comply.**

Owner/Builder Signature

Date

Reviewed and Accepted by Loxahatchee Groves Personnel

Date



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OWNER/BUILDER AFFIDAVIT

OWNER BUILDER AFFIDAVIT & DISCLOSURE STATEMENT PERMIT #

The provisions of Chapter 489.103, F.S. requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. ***You must perform or provide direct on-site supervision of the construction yourself.*** You may build or improve a one-family or two-family residence or improve a commercial building at a cost of \$75,000 or less in value within any 12 month period, ***provided the residence or building is for your own use and occupancy.*** It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within one year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses and insurance required by State law and by County licensing ordinances. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A and withholding tax and provide workers' compensation for that employee, all as prescribed by law. **The construction must be performed according to all Building Codes and Zoning Regulations, and it is your responsibility as the Owner/Builder to make sure this is done and correct any code violations. A Loxahatchee Groves 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.**

Disclosure Statement: Therefore, I understand and agree:

1. That state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
2. That building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
3. That, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.
4. That I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease unless I am completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
5. That, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. That I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.
7. That it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
8. That I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.



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OWNER/BUILDER AFFIDAVIT

9. That, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at (850-487-1395) or (myfloridalicense.com) for more information about licensed contractors.
11. That I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address: (address of property).
12. To notify Town of Loxahatchee Groves Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

I, the owner of property legally described as (attach copy of Warranty Deed): _____

Address: _____

do hereby certify that I have read the foregoing, and am aware of my responsibilities and liabilities for construction work on the above-described property. I do hereby covenant and agree to abide by each of the aforesaid stipulations. I further understand that any falsification of the above statements constitutes fraud and may result in revocation of this permit.

OWNER (Print)	DATE	OWNER (SIGNATURE)	DATE
---------------	------	-------------------	------

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
by _____ (Name of Person Acknowledging) who is personally

known to me or who has produced _____ (Type of I.D.) as identification and who did/did not take an
oath. SEAL

(Signature of Person Taking Acknowledgement)

(Name of Officer Taking Acknowledgement Typed, Printed or Stamped)

Pursuant to Florida Law, Chapter 489 Part 1, property owners qualified to act as their own contractor **must personally appear at the Building Department and sign the permit application.**

Instrument Prepared By:

Name: _____

Address: _____

PERMIT NUMBER: _____

STATE OF: _____

NOTICE OF COMMENCEMENT

TAX FOLIO NO.: _____

COUNTY OF: _____

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) **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:** Name & Address _____

b. Phone number: _____

5. **SURETY** (if applicable, a copy of the payment bond is attached): a. Name and address: _____

b. Phone number: _____ c. Amount of bond: \$ _____

6. a. **LENDER:** Name and 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 after 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 SITE OF THE IMPROVEMENT 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)

The foregoing instrument was acknowledged before me by means of _____ physical presence or sworn to (or affirmed) by _____ online notarization,
this _____ day of _____, 20____ by _____
(name of person)

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

Notary

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

Personally Known OR Produced Identification Type of Identification Produced _____



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Mandated Retrofits of Roof-to-Wall Connection

THIS FORM MUST BE FILLED OUT AND INCLUDED WITH ALL RE-ROOFING APPLICATIONS FOR EXISTING STRUCTURES WITH WOOD ROOF DECKS.

Address: _____

For the purpose of this document, "Sections" as cited below are from the Florida Building Code-Existing Building, 7th Edition (2020) Section 706.8, unless otherwise noted.

When the roof covering on an existing structure with a wood roof deck is removed and replaced... the structure shall be evaluated for mandated retrofits of the roof-to-wall connections in accordance with Section 706.8.

1. Was permit for the original construction of the building applied for on or after January 1, 1990?

___ **Yes** - The application date was on or after January 1, 1990.

*** Proceed to signature and permit submittal. (Attach documentation verifying the application date)*

___ **No** - The application date was prior to January 1, 1990.

*** Continue with questions and details below.*

2. Applicant must provide one of the following to document the value of the building.

___ Copy of current home insurance summary sheet.

___ Copy of the latest Tax Bill or Property Appraiser Valuation for the structure (the *Appraised Improvement Value* determines the threshold amount).

3. Based on the documentation provided, is the value of the Building \$300,000 or more?

___ **No** - Building is valued at less than \$300,000

*** Proceed to signature and permit submittal.*

___ **Yes** - Building valuation exceeds \$300,000

*** Enhanced Roof-to-Wall/ connections are required unless meeting one of the following exceptions:*

___ **Exception 1:** Cost of "evaluation and roof-to-wall connections" at gable ends or **all** corners will exceed 15% of the cost of the roof replacement (attach professional estimate by a Florida Licensed General or Building Contractor).

___ **Exception 2:** Analysis submitted by FL Design Professional validates the existing roof-to-wall load path connections are compliant for the applicable wind loads in Table 706.8.1.

COMPLIANCE Options to Complete Mandated Retrofits (Identify one)

___ **Prescriptive Retrofit Procedures.**

- Roof-to-wall connections will be enhanced using the prescriptive measures in Sections 706.8.1.3 - 7.
- Priority of work shall be determined by Section 706.8.1.7.
- Details provided on page 2

___ **Professional Design**

- Provide engineered design plan, and identify details on page 2

If enhanced roof to wall connections are required, the following page (Connection Details) must also be completed and submitted along with a roof plan of the building, including span distances and gable/ hip locations identified. Plan should indicate areas to be retrofitted, connectors to be used, and fastener requirements. Please include product approvals for all the connectors specified.

Qualifier or Owner/Builder Name (Print)

Qualifier or Owner/Builder Signature

Date



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Roof to Wall Mandated Retrofits

MANDATED RETROFIT CONNECTION DETAILS

Exterior Wall Construction:

- ☐ Wood
☐ CBS
☐ Other explain: _____

Roof Geometry:

- ☐ Gable
☐ Hip
☐ Flat
☐ Other explain: _____

Existing Anchors

Identify existing straps/anchors and fasteners (quantity & size) at areas proposed for retrofit.

Strap/Anchor: _____ Fasteners: _____

Determine if *Existing Straps* were manufactured and rated for four (4) fasteners at each end.

- ☐ YES - *Existing Straps* were *manufactured and rated* for four (4) fasteners at each end
o Specify additional fastener size and quantity: _____

NOTE: A Roofing Contractor (CCC) may install the additional fasteners to the existing straps - Details shall be included in primary Reroof permit scope of work.

- ☐ NO - *Existing Straps* were not *manufactured and rated* for four (4) fasteners at each end
o Retrofit straps/anchors shall be added and installed (CGC, CBC or CRC required)
NOTE: Installation of new straps/ anchors is outside the scope of a Roofing Contractor (CCC), and requires an appropriately licensed *building* Contractor (CGC, CBC or CRC).

Retrofit Straps/ Anchors (Minimum uplift capacity of 500 pounds each, unless designed by FL P.E.)

"B" Subpermit ("Mandated Retrofits, GC required") shall be added to the primary Reroof permit.

Manufacturer: _____

Type/ Model: _____

Fasteners: _____
(Nails, Screws, Bolts/ Size/ Quantity / Minimum Embedment /Spacing/ etc.)

Qualifier or Owner/Builder Name (Print)

Qualifier or Owner/Builder Signature

Date



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

SITE ADDRESS: _____

Roof Design:

(Select Only One)

☐

Gable Roof

☐

Hip Roof

Design Pressures:

(Obtained from Tables on Page 2)

LPZ: _____

HPZ: _____

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
(ENGINEERING ATTACHED)

☐

15/32" Plywood

☐

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# _____	NOA or FL# _____	NOA or FL# _____	NOA or FL# _____
(EXPOSURE NOT TO EXCEED 30 DAYS.)	System: _____	System: _____	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</u> (Only Options)	<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 ≤ 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.

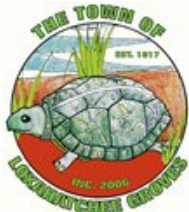
CONTRACTOR AFFIDAVITS AND ENGINEER CERTIFICATION OF INSPECTION CAN BE ACCEPTED FOR ROOF SHEATHING AND ROOF METAL INSPECTIONS AND FLAT ROOFS. AFFIDAVIT TO BE ACCOMPANIED BY SUFFICIENT PHOTOGRAPHIC EVIDENCE AND DETAIL DEMONSTRATING COMPLIANCE WITH THE BUILDING CODE

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
☐ 19/32" 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 ¾" 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 ¾" 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

(Separate Flat Roof Checklist Required)

☐

NO

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

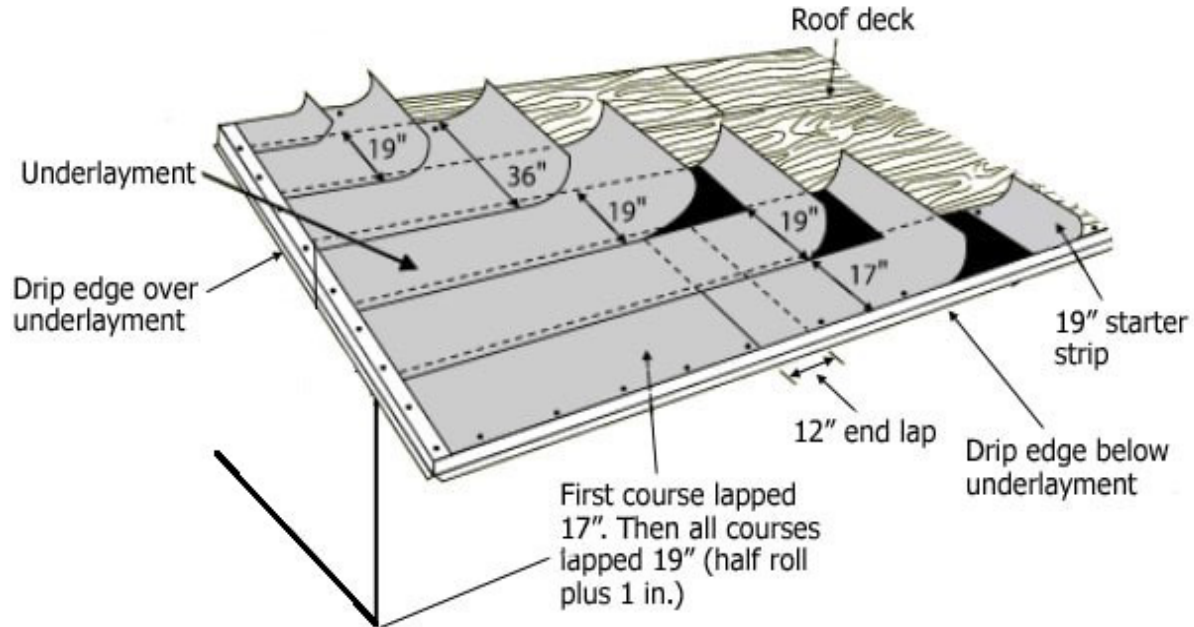
Qualifier Signature

Date



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

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
Loxahatchee Groves, Florida 33470
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 remove. 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 ¾" 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 ¾" 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

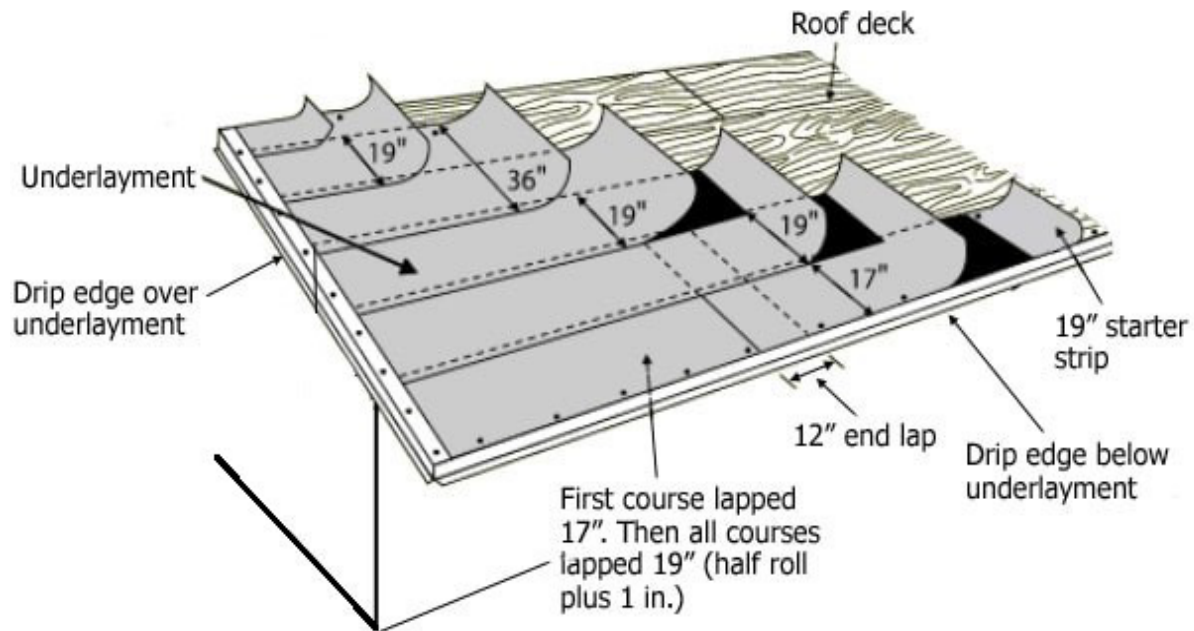
Qualifier Signature

Date



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Double Layer Roofing Underlayment



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

POLICIES & PROCEDURES FOR METAL 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

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

**AFFIDAVIT FOR RE-ROOF OF SINGLE-FAMILY
RESIDENTIAL STRUCTURES
(NOT FOR USE BY OWNER-BUILDER)**

**CONTRACTOR AFFIDAVITS AND ENGINEER CERTIFICATION OF INSPECTION MAY BE ACCEPTED FOR ROOF SHEATHING AND
ROOF METAL (UNDERLAYMENT) INSPECTIONS AND FLAT ROOFS.**

The following conditions and documents must be satisfied for acceptance of the affidavit

- ☐ The affidavit is supported by digital photographs identifying the structure and permit number
- ☐ Photographs demonstrate compliance with 2023 FBC 8th Edition and approved permit documents
- ☐ Affidavit and digital photographs submitted via email to permits@loxahatcheegrovesfl.gov prior to
The Roof In Progress Inspection

I _____ the Contractor/Qualifier do affirm and certify that the roofing system
installed under the permit number _____ and located at _____

_____ was installed under my supervision; and the roofing system
complies with Chapter 9 of the 10 Florida Building Code Residential, Chapter 6, Section 611 of the Florida
Building Code, Existing Building, and the approved Product Approval. The roofing system as installed is described
in the following sections:

Roofing Category Scope of Roofing Work (Check/Complete all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Asphalt Shingles | <input type="checkbox"/> Flat Roof (membrane, built-up, etc.) |
| <input type="checkbox"/> Mechanically Fastened Tile | <input type="checkbox"/> Mortar/Adhesive Set Tile |
| <input type="checkbox"/> Metal Panels/Shingles | <input type="checkbox"/> Wood Shingles/Shakes |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

- ☐ **Wood structural panel sheathing has been fastened to roof framing with 8D ring-shank nails at 6 inches on center at the edges and 6 inches on center at intermediate framing.**
- ☐ **Roof diaphragm evaluated for insufficient or deteriorated connections?** _____
- ☐ **Roof diaphragms in need of replacement?** _____ **Approx. square footage:** _____

What type of material was used to replace the deficient roof diaphragms? _____

- ☐ **Roof secondary water barrier was installed per FBC 2023 8th Edition section R 908.7.2**
- ☐ **Roof-to-wall connection was required and completed per FBC 2023 8th Edition section R 908.**

Qualifier's Name (Please Print)

Qualifiers Signature

License #: _____

Date: _____

STATE OF FLORIDA COUNTY OF PALM BEACH

This document was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this _____ day of _____, 20_____

by _____, ☐ whom do I personally know or ☐ who has
Name of Person Acknowledging

produced _____ as identification and who did/did not take an oath.
Type of I.D.

SEAL

(Signature of person taking acknowledgement)

(Name of officer taking acknowledgment typed, printed
or stamped)