



# ROOFING WORKSHEET ~ page 1

Property Owner(s): \_\_\_\_\_

Property Address : \_\_\_\_\_

EXISTING ROOF COVERING: Tile:  Shingle:  Metal:  Flat:

NEW ROOF COVERING: Tile:  Shingle:  Metal:  Flat:

EXISTING DECK SUBSTRATE: Wood:  Concrete:  Metal:  Other:

MEAN ROOF HEIGHT: \_\_\_\_\_ SLOPE / PITCH : \_\_\_\_\_

Exposure B       Exposure C       Exposure D

### WIND EXPOSURE CATEGORIES, as specified by FBC R301.2.1.4.3

(Choose exposure category for "worst case scenario.") Design Wind Speed: 170 ult mph

EXISTING ROOFTOP EQUIPMENT: NONE:  SOLAR:  A/C:  OTHER:

*\* Please note that existing rooftop equipment requires a separate permit for re-installation.*

## THE FOLLOWING FORMS MUST BE COMPLETED FOR ALL ROOFING PERMITS:

- 1. ROOFING WORKSHEETS:** All Roofing permits must complete worksheet pages # 1 - 8
- 2. SHINGLE / METAL FORM:** This form must be completed for all asphalt shingles, metal shingles, wood shake, and metal roof panel roof coverings.
- 3. TILE FORM:** This form must be completed for all concrete and clay tile roof coverings.
- 4. FLAT ROOF FORM:** This form must be completed for all Low-Slope roofing, less than 2% pitch.

**Apply as: Commercial or Residential Re-Roof  
-or- Commercial or Residential New Roof (sub permit)**

Submit/Upload all [WORKSHEETS, FORMS, PRODUCT APPROVALS & DOCUMENTS in pdf format](#) to the appropriate category, [<Building Plans>](#) [<Supporting Docs>](#) [<NOA>](#) following the TOJ Naming Convention found in the Help Documents

I certify that all the foregoing information is accurate and all work performed will comply with all applicable codes & standards regulating construction. *Acceptance of this form shall not relieve the applicant from full responsibility to comply with all applicable codes.*

\_\_\_\_\_  
QUALIFIER's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
LICENSE #

\_\_\_\_\_  
DATE

D.B.A. Company Name: \_\_\_\_\_

D.B.A. Company Address: \_\_\_\_\_



# ROOFING WORKSHEET ~ page 2

## MANDATED ROOF TO WALL CONNECTION RETROFIT

as specified by FBC Existing Building 706.8.1 through 706.8.1.7

Select ONE option, proceed to signature, and the next page.

- 1. The Roof Deck Substrate is made of Concrete or Structural Steel.**
- 2. The "Year Built" Original Permit for Construction was after Jan.1, 1988.**  
\*\* Attach documentation verifying the permit application date, or the Year Built.
- 3. The "Improvement Value" of the Structure is less than \$300,000.**  
\*\* Attach documentation verifying the structural improvement value.
- 4. The Retrofit Cost is Greater than 15% of the Total Roofing Cost.**  
\*\* Attach a professional estimate to retrofit the roof-to-wall connections, as specified by FBC Existing Building 706.8.1-7, signed by the Licensed Contractor (CGC, CBC, CRC), & notarized.
- 5. The Existing Roof-to-Wall Connections are Code Compliant.**  
\*\* Attach documentation of Analysis by a Licensed Design Professional validates the existing roof-to-wall load path connections are compliant for the applicable wind loads in Table 706.8.1.
- 6. A Separate Permit Submittal for the Roof-to-Wall Connection Retrofit.**

**\*\*ROOF-TO WALL CONNECTIONS RETROFIT PERMITTING PROCESS:**

A Licensed Contractor (CGC, CBC, CRC) will submit a permit application to retrofit the roof-to-wall connections as specified by *FBC Existing Building 706.8.1.3 - 7.*

1. The permit classification is a Commercial or Residential "Alteration Permit."
2. The permit will include an engineered design plan using the prescriptive measures of FBC Existing Building 706.8.1.3-7, signed and sealed by a Licensed Architect or Engineer.
3. The Alteration permit must reference the Re-Roof permit number in the description.
4. Once the Re-Roof permit and the Alteration Permit have both been approved, then the permits will both be issued together, at the same time.

\* **Affidavit: I hereby certify that I have read the material on this document and have FULLY provided ALL information requested.**

\_\_\_\_\_  
QUALIFIER'S Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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\_\_\_\_\_  
DATE



# ROOFING WORKSHEET ~ page 3

## Secondary Water Barrier Requirement

Specified by 706.7.2 FBC Existing & R905.1.1.1 & 1507.1.1.1

Select Option(s), proceed to signature, and the next page.

Option "A"

The entire roof deck covered with an approved self-adhering polymer modified bitumen underlayment complying with ASTM D1970.

Option "B"

ALL roof sheathing joints/seams covered with a minimum 4" wide self-adhering polymer modified bitumen tape complying with ASTM D1970 applied directly to the sheathing.

Seam Tape must be covered with an approved underlayment system in accordance with Table R905.1.1.1 or 1507.1.1.1. and per both manufacturers product approvals.

Option "C"

An underlayment comprised of a layer of asphalt impregnated ASTM D226 #30 Felt, fastened with 1" round metal cap nails, fastened in a grid pattern of 2 rows at 12 inches (305mm) staggered between the overlaps, with 6-inch (152mm) spacing at the overlaps. For ALL slopes an additional layer of felt shall be installed. \* An approved synthetic underlayment may be used if fastened per the manufacturer's approved specifications. FBC 1507.1.1.1 & FBC R905.1.1.1

Option "D"

\*EXCEPTION: Cement/Clay Tile Roofs, and Flat / Low-Slope Roofs < 2:12 are deemed to comply.

**\*PLEASE READ FOLLOWING IMPORTANT INFORMATION REGARDING ALL ROOFING PERMITS:**

1. "SHEATHING", "TIN-TAG" (Dry-In), "IN-PROGRESS" and the "FINAL" Inspections are Mandatory.  
Photos, Engineer Letters, or Affidavits are not accepted in lieu of inspections.

2. If the property is located in a deed-restricted community, homeowners associations may require approval.

3. The product approval design pressure must meet or exceed the requirements specified by ASCE 7 or design professional.

4. All roofing products of the assembly and roof covering must be compatible with each other, specified by the FLPA / NOA.

5. If changes are made to the attic ventilation, it shall not reduce the attic ventilation FBC 1203.2 & FBC R806.2.

6. Buildings over 60 feet in height require engineering.

7. Sheathing repair within 4 ft of a Fire Wall, shall not alter the Fire Separation between Occupancies. FBC706.4 R302.2.2.

8. New roofing increasing dead load greater than 5%, a Structural Analysis is required by a design professional. FBC 707.2.

9. All product approvals must be active & approved State of Florida or Miami-Dade NOA with pertinent information marked.

10. A Sub-Permit is required for the replacement of rooftop solar panels.

11. A Sub-Permit is required for the replacement of rooftop A/C stands.

12. A "TIE-IN DETAIL" by a design professional is required for shared roofs when the entire roof is not being re-roofed.

13. All submitted permit documents must be clear and legible.

14. Tile Roofing must only submit one type of product approval for all products in the roofing assembly, either State of Florida or Miami-Dade, not a combination of both. If Miami-Dade product approvals are used, a "Static Field Uplift Test" performed by an approved testing agency is required prior to the final inspection.

15. Flat / Low-Slope Roofs must meet requirements for Positive Drainage, specified by FBC Existing 706.1.

16. All Existing Roof Penetrations & / or Rooftop Equipment Must Not be Altered or Replaced without Permit Approval.

\* Affidavit: I hereby certify that I have read the material on this document and have FULLY provided ALL information requested.

\_\_\_\_\_  
QUALIFIER's Signature

\_\_\_\_\_  
Print Name

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# ROOFING WORKSHEET ~ page 4

## SHINGLES or METAL ROOF PANELS

If Shingles / Metal Roof Panels are Not Applicable, select this option, proceed to signature, and the next page.

Sloped Roof Pitch: \_\_\_\_ / 12      Mean Roof Height: \_\_\_\_ Ft      Sloped Roof Area (SQRs): \_\_\_\_

Minimum Required Design Pressure Uplift: Zone 1: \_\_\_\_ Zone 2: \_\_\_\_ Zone 3: \_\_\_\_  
Please use the DESIGN PRESSURE UPLIFT CHART on the Roofing Worksheet ~ page 8

**AERIAL DEPICTION** of Structure is included (per Google Earth, Pictometry, EagleView, etc.)

**\*\*SUPPLEMENTAL Details and Information (Identify all items related to the site-specific conditions)**

MANDATED RETROFITS- Existing Wood decks, include **Mandated Roof-to-Wall Connection Retrofit Form**

Tie-In Detail ( Required for shared roofs, ENGINEERING DETAILS ATTACHED )

**Re-nailing of plywood deck is not required if structure was built or reroofed after 5/1/1999.**  
**If so, provide permit number** \_\_\_\_\_

Sheath-over (ENGINEERING DETAILS ATTACHED)

Roof Re-Cover, provide documentation of the 5 conditions, specified by FBC Existing Building 706.3.

Skylights (replacement only)      Product Approval # \_\_\_\_\_ (ATTACHED)

Attic Ventilation      Product Approval # \_\_\_\_\_ (ATTACHED)

**UNDERLAYMENT Method & Material (Select one):**      Product Approval # \_\_\_\_\_ (ATTACHED)

A	B	C
<input type="checkbox"/> Self-Adhered (Direct to Deck)	<input type="checkbox"/> 3 3/4" Wide Strip (AAMA 711) Over all Joints/Seams (Per Table R905.1.1.1)	<input type="checkbox"/> 2 Layers of 30# Felt (ASTM Approved) OR
Self-Adhered (ASTM D1970) Polymer-Modified Bitumen Underlayment applied directly to <u>entire roof deck</u>	3 3/4" Wide Strip of self-adhering flexible flashing tape per AAMA 711  Level 3 applied over all joints with 30# felt on top	Two layers of ASTM D226 Type II or ASTM D4869 Type III, Type IV. Layers to be lapped <b>Per FBC R905.1.1.1 B1507.1.1</b>

**SHINGLES or METAL ROOF PANELS Information:** Product Approval # \_\_\_\_\_ (ATTACHED)

Manufacturer	Product Name	Material Type	Product Approval #

\* **Affidavit: I hereby certify that I have read the material on this document and have FULLY provided ALL information requested.**

\_\_\_\_\_  
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# ROOFING WORKSHEET ~ page 5

## LOW - SLOPE / FLAT ROOF FORM

If Low-Slope / Flat Roofing is Not Applicable, select this option, proceed to signature, and the next page.

EXISTING Flat Roof System: \_\_\_\_\_ Roof Area (SQRs): \_\_\_\_\_ Roof Height: \_\_\_\_\_ (ft)

Minimum Required Design Pressure Uplift: Zone 1: \_\_\_\_\_ Zone 2: \_\_\_\_\_ Zone 3: \_\_\_\_\_  
Please use the DESIGN PRESSURE UPLIFT CHART on the Roofing Worksheet ~ page 8

**AERIAL DEPICTION** of Structure is included (per Google Earth, Pictometry, EagleView, etc.)

**\*\*SUPPLEMENTAL Details and Information (Identify all items related to the site-specific conditions)**

MANDATED RETROFITS- Existing Wood decks, include **Mandated Roof-to-Wall Connection Retrofit Form**

Tie-In Detail ( Required for shared roofs, ENGINEERING DETAILS ATTACHED )

**Re-nailing of plywood deck is not required if structure was built or reroofed after 5/1/1999.**  
If so, provide permit number \_\_\_\_\_

Sheath-over (ENGINEERING DETAILS ATTACHED)

Roof Re-Cover, provide documentation of the 5 conditions, specified by FBC Existing Building 706.3.

### **FLAT ROOF SYSTEM Specifications:**

**BUILT-UP ROOF System/MODIFIED Bitumen System**

A. Design Uplift Pressure (FROM ATTACHED CHART): \_\_\_\_\_

B. Max Allowable Uplift Pressure (PER Product Approval #): \_\_\_\_\_ (If A>B: See Enhanced Fastening Requirements Above)

C. **Product Approval #** with Design pressures) Number: \_\_\_\_\_

D. System & Components (Identify in Product Approval or Provide Additional Specifications):  
(i.e.: Insulation Layers/ Cover Board/ Ply Sheets/ Cap Sheet/ Other)

**SINGLE-Ply System**

A. Design Pressure (SEE ATTACHED CHART): \_\_\_\_\_

B. Max Allowable Pressure (PER Product Approval): \_\_\_\_\_ (If A>B: See Enhanced Nailing Requirements Above)

C. Product Approval with Design pressures) # Number: \_\_\_\_\_

D. System # (Identify in Product Approval): \_\_\_\_\_

E. Insulation Layer(s): \_\_\_\_\_

F. Cover Board: \_\_\_\_\_

G. Other: \_\_\_\_\_

**ROOF COATING** – Product Approval #: \_\_\_\_\_ System: \_\_\_\_\_

Existing Roof Assembly: \_\_\_\_\_

Proof of Material Compatibility: \_\_\_\_\_

### **TESTS/ REPORTS/ CALCUATIONS**

Roof Moisture Survey and Report-REQUIRED when **Re-Covering or Partial Re-roof** (PREPARED BY AN APPROVED TESTING AGENCY)

WITHDRAWAL RESISTANCE TEST - "PULL TEST" (Performed by an approved testing agency)

Enhanced Fastening Specifications (FL ENGINEER, ARCHITECT or ROOFING CONSULTANT– ONLY IF allowed in product approval)

\* **Affidavit: I hereby certify that I have read the material on this document and have FULLY provided ALL information requested.**

\_\_\_\_\_  
QUALIFIER's Signature

\_\_\_\_\_  
Print Name

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\_\_\_\_\_  
DATE



# ROOFING WORKSHEET ~ page 6

## TILE ROOFING FORM

If TILE Roofing is Not Applicable, select this option, proceed to signature, and the next page.

Sloped Roof Pitch: \_\_\_\_ / 12\*      Mean Roof Height: \_\_\_\_ Ft      Sloped Roof Area (SQRs): \_\_\_\_

Minimum Required Design Pressure, use the FRSA Tables, on Roofing Worksheet ~ page 7  
Hip Roof = \_\_\_\_ Gable Roof = \_\_\_\_ Gable & Hip "mixed" use Table 1G = \_\_\_\_

AERIAL DEPICTION of Structure is included (per Google Earth, Pictometry, EagleView, etc.)

**\*\*SUPPLEMENTAL Details and Information (Identify all items related to the site-specific conditions)**

- MANDATED RETROFITS- Existing Wood decks, include **Mandated Roof-to-Wall Connection Retrofit Form**
- Tie-In Detail ( Required for shared roofs, ENGINEERING DETAILS ATTACHED )
- Re-nailing of plywood deck is not required if structure was built or reroofed after 5/1/1999.  
If so, provide permit number \_\_\_\_\_
- Sheath-over (ENGINEERING DETAILS ATTACHED)
- Roof Re-Cover, provide documentation of the 5 conditions, specified by FBC Existing Building 706.3.
- Skylights (replacement only)      Product Approval # \_\_\_\_\_ (ATTACHED)
- Attic Ventilation      Product Approval # \_\_\_\_\_ (ATTACHED)

**BASE SHEET/CAP SHEET Specifications: (Identify One System)**  Engineer's Design Attached

<input type="checkbox"/> Double Ply		<input type="checkbox"/> Single Ply
Base Sheet	Cap Sheet	Direct-to-Deck
Type: _____	<input type="checkbox"/> Self-Adhered <input type="checkbox"/> Other	<input type="checkbox"/> Self-Adhered
<input type="checkbox"/> Mechanically Attached <input type="checkbox"/> Self-Adhered (EXPOSURE <b>NOT</b> TO EXCEED 90 DAYS.)	<input type="checkbox"/> Heat Applied <input type="checkbox"/> Cold Applied Product Approval # _____ System: _____	Type: _____ Product Approval # _____ System: _____

### ROOF TILE Specifications:

Manufacturer	Product Name	Material Type	Product Approval #

### ROOF TILE ATTACHMENT Details (Attachment details **SHALL** be Identified/Circled in Product Approval)

MECHANICAL	FOAM ADHESIVE *		MORTAR *
Per-FRSA or Product Approval #	Product Approval #		Product Approval #
_____	_____		_____
<input type="checkbox"/> # Ring Shank Nails <input type="checkbox"/> # Smooth Shank Nail <input type="checkbox"/> # 8 Screws	Paddy: <input type="checkbox"/> Single <input type="checkbox"/> Double	Paddy Size: _____ Paddy Weight (g): _____ Moment Resistance (ft-lbf): _____	Allowable Moment Resistance (ft-lbf): _____ Per: <input type="checkbox"/> FRSA or Product Approval

\* **Affidavit: I hereby certify that I have read the material on this document and have FULLY provided ALL information requested.**

\_\_\_\_\_  
QUALIFIER'S Signature      Print Name      LICENSE #      DATE



# ROOFING WORKSHEET ~ page 7

## TILE UPLIFT CHART

### FRSA-TRI TABLES

**Table 1-G  
Gable Roof**

ROOF EXPOSURE	ROOF ZONES	MEAN ROOF HEIGHT	170 DESIGN PRESSURE (psf)
EXP B	ALL	0-15	95.1
		20	95.1
		30	95.1
		40	100.5
		50	107.3
		60	112.7
EXP C	ALL	0-15	115.5
		20	122.3
		30	133.1
		40	141.3
		50	148.1
		60	153.5
EXP D	ALL	0-15	139.9
		20	146.7
		30	157.6
		40	165.7
		50	172.5
		60	177.9

**Table 1-H  
Hip Roof**

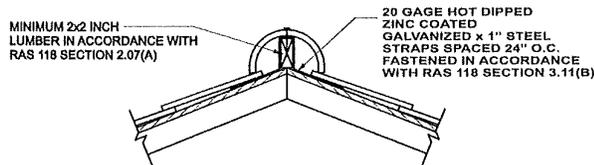
ROOF EXPOSURE	ROOF ZONES	MEAN ROOF HEIGHT	170 DESIGN PRESSURE (psf)
EXP B	ALL	0-15	68.7
		20	68.7
		30	68.7
		40	72.6
		50	77.5
		60	81.4
EXP C	ALL	0-15	83.4
		20	88.3
		30	96.1
		40	102.0
		50	106.9
		60	110.9
EXP D	ALL	0-15	101.0
		20	106.0
		30	113.8
		40	119.7
		50	124.6
		60	128.5

## Choose One of the HIP & RIDGE DETAIL OPTIONS

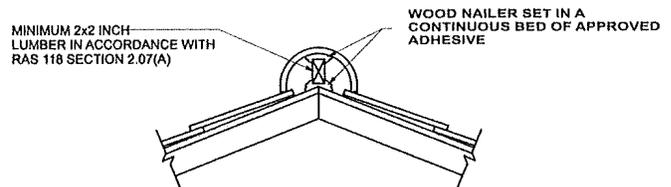
(RAS) No. 118-20

DRAWING 13  
RIDGE BLOCKING DETAIL

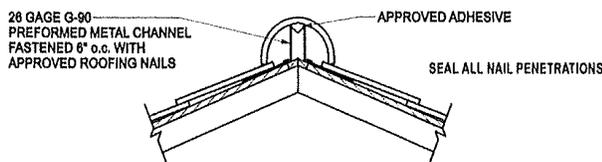
DETAIL 1



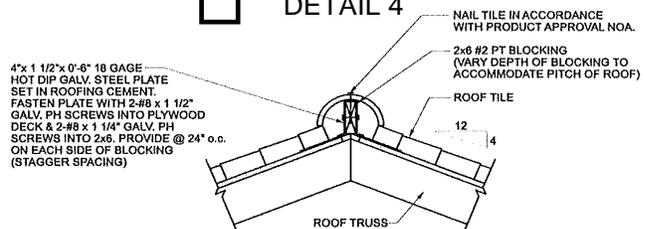
DETAIL 2



DETAIL 3



DETAIL 4





# ROOFING WORKSHEET ~ page 8

## DESIGN PRESSURE UPLIFT CHART FOR FLAT, METAL AND SHINGLE ROOFING

### SIMPLIFIED ROOF UPLIFT CHART FOR ROOFING APPLICATIONS

This simplified chart represents the worse-case wind pressures for the various roof slopes and heights. This chart is based on a Tributary Area = 10 SF which is required for roofing applications. If the roof height is less than 30 feet, but not exactly 15, 20, or 25 feet, you will need to go to the next higher roof height. If your roof is higher than 30 feet, these charts do not apply. Refer to Roof Chart Diagrams on Page 1 for Roof Zone Locations.

#### MEAN ROOF HEIGHT = 15 FEET

Flat Roof		Gable Roof			Hip Roof		
		1.51 to 4:12	4.1 to 6:12	6.1 to 12:12	1.51 to 4:12	4.1 to 6:12	
Positive*	15.4/38.0	Positive 25		Positive 25	Positive 34.7	Positive 28.3	
Zone		Zone	Roof	Roof	Roof	Zone	Roof
1	-60.5	1	-70.1	-54	-63.7	1	-50.8
2	-79.8	2	-92	-86.2	-70	2	-70.1
3	-109	3	-121	-102	-86	3	-70.1

#### MEAN ROOF HEIGHT = 20 FEET

Flat Roof		Gable Roof			Hip Roof		
		1.51 to 4:12	4.1 to 6:12	6.1 to 12:12	1.51 to 4:12	4.1 to 6:12	
Positive*	16.4/40.3	Positive 27		Positive 27	Positive 36.9	Positive 30.1	
Zone		Zone	Roof	Roof	Roof	Zone	Roof
1	-64.2	1	-74.5	-57.4	-67.7	1	-54
2	-84.8	2	-97	-91.5	-74	2	-74.5
3	-116	3	-129	-108	-91	3	-74.5

#### MEAN ROOF HEIGHT = 25 FEET

Flat Roof		Gable Roof			Hip Roof		
		1.51 to 4:12	4.1 to 6:12	6.1 to 12:12	1.51 to 4:12	4.1 to 6:12	
Positive*	17.2/42.3	Positive 28		Positive 28	Positive 38.7	Positive 31.5	
Zone		Zone	Roof	Roof	Roof	Zone	Roof
1	-67.3	1	-78.1	-60.2	-70.9	1	-56
2	-88.8	2	-102	-96	-77	2	-78.1
3	-121	3	-135	-113	-95	3	-78.1

#### MEAN ROOF HEIGHT = 30 FEET

Flat Roof		Gable Roof			Hip Roof		
		1.51 to 4:12	4.1 to 6:12	6.1 to 12:12	1.51 to 4:12	4.1 to 6:12	
Positive*	17.9/43.9	Positive 29		Positive 29	Positive 40.2	Positive 32.8	
Zone		Zone	Roof	Roof	Roof	Zone	Roof
1	-70	1	-81.1	-62.6	-73.7	1	-58.8
2	-92.3	2	-107	-99.8	-81	2	-81.1
3	-126	3	-141	-118	-91	3	-81.1

