



## **Re-Roof Permit Checklist**

***The following items are required with submission of your building permit application:***

- **2 copies of completed Re-Roof permit application**
- **Roof Pressure Sheet completed as applicable**
- **Copy of signed contract with contractor or, Owner/Builder Disclosure Statement**
- **Florida Product Approvals or Miami Dade NOA's. All approval numbers must be provided on the application along with a copy at the time of application and provide it on site for inspector.**
- **If current roof covering is a lightweight system (shingle/metal/etc.) and roof covering is changing to a heavy system (tile), a Florida Licensed Design Professional must provide structural member/system verification for items such as wood or metal trusses, rafters, joists, etc. to ensure existing structural system is adequate for increased load.**
- **Recorded Notice of Commencement (NOC) required to be submitted prior to first inspection if job value is greater than \$2500.00.**
- **Commercial Roofs require a roof plan stating wind design criteria and components and cladding pressures, location and size for zones 1, 2 and 3 prepared by a Florida Licensed Engineer in addition to the Roof Plan requirements for One & Two Family Dwellings.**
- **A Florida licensed Engineer may need to extrapolate the attachment requirements of the Product Approval or NOA to meet the components and cladding pressures of the roof or calculate the moment connection for a tile roof.**
- **Required Mechanical Equipment stands or curbs (FBCE 301.1.5, FBCB 1510.10), guards and access guards (FBCM 304.11, FBCB 1011.13), roof access ladder and ladder extension (FBCM 306.5) will need to be brought into compliance with current codes prior to the roof receiving a final inspection.**
- **Resources for Applications/Forms and Product Approvals**  
[https://floridabuilding.org/pr/pr\\_default.aspx](https://floridabuilding.org/pr/pr_default.aspx)  
[https://www.ircgov.com/communitydevelopment/Applications/Building\\_Division.htm](https://www.ircgov.com/communitydevelopment/Applications/Building_Division.htm)  
[http://www.miamidade.gov/building/pc-search\\_app.asp](http://www.miamidade.gov/building/pc-search_app.asp)



INDIAN RIVER COUNTY BUILDING DEPARTMENT

RE-ROOFING / ROOF REPAIR PERMIT APPLICATION

RESIDENTIAL Single Family Detached Single Family Attached COMMERCIAL Stand Alone Building Other

RE-ROOF REPAIR RECOVERING (ROOF OVER)

JOB ADDRESS:

Job Description:

Owner: Phone:

Contractor: Phone: Email:

Contractor FAX: Contractor License Number:

Engineer: Phone: Email:

Contract Value: Value of Structure: Year Built:

TOTAL ROOF SQ. FEET (not squares) REPAIR AREA SQ. FEET (not squares)

PERCENT of ROOF REPAIR AREA % (cannot exceed 25% of TOTAL roof area, see NOTES, Page 6)

Roof Slope: Existing Roof Covering

New Material: Shingles Metal Low Slope Tile Recovering Other

1Value: show proof of insured value of residential structure or a copy of the ad-valorem tax value. 2Commercial Roofs: Provide a roof plan with components and cladding pressures, location and size of zones 1, 2 & 3 prepared by a Florida Licensed Engineer. 3Repairs: Provide a roof sketch (Page-6) showing location of the repair and % of the repair area to total roof area. 4RESIDENTIAL ONLY: Roof Zone Wind Pressure sheet (see Page-5 of this application) must be completed. 5RESIDENTIAL ONLY: Roof Recovering requires an inspection of the existing roof before work begins. (NOTICE: Roof Recovering is NOT allowed unless you meet the following criteria: (1) An existing roof covering that was installed with the original construction of the building structure after March 1, 2002 or (2) A re-roof permit after October 1, 2007) 6NOTE: ALL ROOF PERMITS REQUIRE A SKETCH TO BE SUBMITTED (SEE PAGE-6 OF THIS PERMIT PACKET) 7RESIDENTIAL ONLY: If current roof covering is a lightweight system (shingle/metal/etc) and roof covering is changing to a heavy system (tile), a Florida Licensed Design Professional must provide structural member/system verification for items such as wood or metal trusses, rafters, joists, etc. to ensure existing structural system is adequate for increased load.

All Site Built Single Family Residential Re-Roofs, regardless of value, shall comply with the following: Re-fastening: All sheathing / decking shall be fastened in accordance with the Florida Existing Building Code. Any roof sheathing with existing nails spaced greater than 6" O.C. requires additional nails to create a minimum of 6" O.C. nail spacing. All stapled sheathing requires complete re-nailing. Added nails shall be 2 1/4" 8d ring shank round head min or the requirements in Miami Dade Product Approval or Florida Product Approval whichever is applicable.

FOR RESIDENTIAL JOBS: Indicate below which method is to be used as the secondary water barrier WHEN USING SELF-ADHERED PRODUCTS, APPLICANTS MUST PROVIDE FULL PRODUCT APPROVAL OR NOA DOCUMENTATION & INSTALLATION INSTRUCTIONS AT TIME OF PERMIT APPLICATION AND AT JOB SITE.

- The entire roof deck shall be covered with an approved self-adhering polymer modified bitumen sheet. An asphalt impregnated 30# felt underlayment installed with 1-inch round plastic cap or metal cap nails attached to a nailable deck in a grid pattern of 12-inches staggered between overlaps with 6-inch spacing at the overlaps. Synthetic underlayment shall be fastened in accordance to manufacturer's specifications

NOTES: N.O.A. OR FL. PRODUCT APPROVAL DOCUMENTS ARE REQUIRED WITH ALL PERMIT APPLICATIONS. MATERIALS AND METHODS USED FOR RECOVERING OR REPLACING AN EXISTING ROOF COVERING MUST COMPLY WITH CH-15 of FBC, CH-9 of FBC Residential, Ch-7 of FBC Existing AND ALL MANUFACTURER'S PRODUCT INSTALLATION INSTRUCTIONS.



ROOF SUMMARY

For multiple roof sections/systems please complete all applicable sections.
For One and Two Family Dwellings refer to Pressure Sheet on Page 5 for applicable roof pressures.

NAILING ROOF SHEATHING TO BE NAILED [ ] 4" O.C. [ ] 6" O.C. WITH \_\_\_\_\_ NAILS

UNDERLAYMENT - For slopes 2:12 or greater

TYPE: [ ] FELT / SYNTHETIC [ ] SELF-ADHERING 1-PLY [ ] SELF-ADHERING 2-PLY

1ST-PLY: PRODUCT: \_\_\_\_\_ ATTACHMENT: \_\_\_\_\_

2ND-PLY: PRODUCT: \_\_\_\_\_ ATTACHMENT: \_\_\_\_\_

BACK NAILING REQUIRED: [ ] NOT REQUIRED [ ] YES - FASTENER REQUIRED SPACING: \_\_\_\_\_

HORIZONTAL LAP: \_\_\_\_\_ VERTICAL LAP: \_\_\_\_\_

ROOF COVERING: [ ] SHINGLE - Min. 2:12 slope [ ] TILE- Min. 2:12 Slope [ ] METAL Min. 1/4:12 Standing Seam
Refer to FRSA Min. 1/2:12 with Lap Sealant Min. 3:12 without Lap Sealant

SKYLIGHTS: [ ] YES [ ] NO
(If Yes, complete page 4 with Product Approval Information)

[ ] SHINGLE MANUFACTURER: \_\_\_\_\_ BRAND/MODEL: \_\_\_\_\_

[ ] TILE MANUFACTURER: \_\_\_\_\_ BRAND/MODEL: \_\_\_\_\_

[ ] MECHANICALLY ATTACHED WITH: \_\_\_\_\_ SCREW(S) PER TILE OR \_\_\_\_\_ NAIL(S) PER TILE

[ ] ADHESIVE SET TILE [ ] 1-PART ADHESIVE FOAM [ ] 2-PART ADHESIVE FOAM [ ] PATTY SIZE \_\_\_\_\_

[ ] METAL ROOF MANUFACTURER: \_\_\_\_\_ GAGE: \_\_\_\_\_ [ ] 5-V [ ] STANDING SEAM

FASTENER SPACING: ZONE-1 \_\_\_\_\_ ZONE-2 \_\_\_\_\_ ZONE-3 \_\_\_\_\_

LAP SEALANT REQUIRED: [ ] YES [ ] NO

LOW SLOPE ROOFING: For slopes less than 2:12

For One and Two Family Dwellings refer to Pressure Sheet on Page 5 for applicable roof pressures.

Miami Dade N.O.A. or Florida Product Approval System # \_\_\_\_\_

[ ] MODIFIED BITUMEN [ ] THERMOPLASTIC SINGLE PLY [ ] OTHER \_\_\_\_\_

INSULATION: \_\_\_\_\_ ATTACHMENT: \_\_\_\_\_

ANCHOR SHEET: \_\_\_\_\_ ATTACHMENT: \_\_\_\_\_

BASE PLY: \_\_\_\_\_ (List Zones Below)

ZONE-1: \_\_\_\_\_ ZONE-2: \_\_\_\_\_ ZONE-3: \_\_\_\_\_

CAP PLY MANUFACTURER: \_\_\_\_\_ ATTACHMENT: \_\_\_\_\_



**INDIAN RIVER COUNTY BUILDING DEPARTMENT**

**Applicant's Affirmation**

**I affirm that I have verified that the roof components marked on roof summary pages are designed to be installed in conjunction with each other and as such meet all Product Approval, NOA, and code requirements as a single component.**

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, insurance, and worker's compensation. Properties on which earth spills or other debris falls shall be cleaned immediately. All streets, sidewalks, and curbs damaged due to this construction shall be repaired to the satisfaction of the engineering department prior to the issuance of certificate of completion.

**IN APPLYING FOR THIS PERMIT, I HEREBY ATTEST THAT I HAVE THE KNOWLEDGE AND UNDERSTANDING OF ALL THAT IS REQUIRED BY THE FLORIDA BUILDING CODE AND ALL LAWS AND REGULATIONS PERTAINING TO PERFORMING AND COMPLETING THIS TYPE OF WORK.**

**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.

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

\_\_\_\_\_  
**Owner/Agent Signature**

\_\_\_\_\_  
**Contractor Signature**

\_\_\_\_\_  
**Indian River County Certificate Number**

State of Florida, County of _____	State of Florida, County of _____
The foregoing instrument was acknowledge before me	The foregoing instrument was acknowledged before me
_____ day of _____ 20_____	_____ day of _____ 20_____
By _____	By _____
who is <input type="checkbox"/> personally known or <input type="checkbox"/> produced identification	who is <input type="checkbox"/> personally known or <input type="checkbox"/> produced identification
Type of ID produced _____	Type of ID produced _____
Printed Name of Notary _____	Printed Name of Notary _____
Signature of Notary _____	Signature of Notary _____
Notary Seal	Notary Seal



ROOFING Product Approval Affidavit Form

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the Product approval number(s) on the Roofing components listed below. In the event that any of the listed products in this form change during construction, this form must be revised and re-stamped.

The following information must be available on the jobsite for inspections:

- 1. This entire product approval form, stamped as "Reviewed" by the Building Department Plans Examiner.
2. Miami-Dade NOA or Florida product approval referenced in the product approval form.
3. A copy of the manufacture's installation instructions, details and requirements for each product.

Permit Number: \_\_\_\_\_

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

Contractor/Applicant: \_\_\_\_\_

Table with 4 columns: Category/Subcategory, Approval Number(s), Manufacturer, Product / Model Number. Rows include: 1. Roof Sheathing Fasteners, 2. Underlayment, 3. Asphalt Shingles, 4. Roofing Tiles, 5. Tile Adhesive, 6. Tile Fasteners, 7. Non-Structural Metal Roofing, 8. Wood Shingles/Shakes, 9. Wood Shingle/Shake Nails, 10. Roofing Slate, Built-up roofing (11-13), Liquid Applied Roof System (14-15), Other (16-17).

I have reviewed the above components or cladding and these products provide adequate resistance to the wind loads and forces specified by current code provisions.
Name: \_\_\_\_\_ Signature: \_\_\_\_\_
Date: \_\_\_\_\_ Contractor License: \_\_\_\_\_



**INDIAN RIVER COUNTY BUILDING DEPARTMENT**

**1 & 2 Family Dwellings ONLY (circle the applicable pressures)**

**COMPONENTS AND CLADDING WORST CASE DESIGN PRESSURE [PSF].**

**PLEASE CIRCLE THE APPLICABLE PRESSURES**

*Roof coverings installed on buildings with a Mean Roof Height of 30' or less Exposures B, C or D. Table R301.2 [2] altered per R301.2.1.6 of the FBC Residential. One Story max. roof height of 15 ft., Two Story max. roof height of 30 ft. Zone 3 based on Figure R301.2 [7] 160 mph winds east of I 95 and 150 mph west of I 95, per current I.R.C. Wind speed map.*

		160 Exp. B	160 Exp. C One Story	160 Exp. C Two Story	160 Exp. D One Story	160 Exp. D Two Story
Roof Slope >0 to 7 degrees (7 degrees is 1 1/2/12 pitch)	Zone 1	-27.0	-32.7	-37.8	-39.7	-44.8
	Zone 2	-46.0	-55.7	-64.4	-67.6	-76.4
	Zone 3	-61.8	-74.7	-86.5	-90.8	-102.6
Roof Slope >7 to 27 degrees (27 degrees is 6/12 pitch)	Zone 1	-25.0	-30.3	-35.0	-36.8	-41.5
	Zone 2	-44.0	-53.2	-61.6	-64.7	-73.0
	Zone 3	-62.0	-75.0	-80.6	-91.1	-102.9
Roof Slope >27 to 45 degrees (45 degrees is 12 /12 pitch)	Zone 1	-27.0	-32.7	-37.8	-39.7	-44.8
	Zone 2	-32.0	-38.7	-44.8	-47.0	-53.1
	Zone 3	-32.0	-38.7	-44.8	-47.0	-53.1
		150 Exp. B	150 Exp. C One Story	150 Exp. C Two Story	150 Exp. D One Story	150 Exp. D Two Story
Roof Slope >0 to 7 degrees (7 degrees is 1 1/2/12 pitch)	Zone 1	-24.0	-29.0	-33.6	-35.3	-39.8
	Zone 2	-40.0	-48.4	-56.0	-58.8	-66.4
	Zone 3	-54.4	-65.8	-70.7	-79.9	-90.3
Roof Slope >7 to 27 degrees (27 degrees is 6/12 pitch)	Zone 1	-22.0	-26.6	-30.8	-32.3	-36.5
	Zone 2	-38.0	-45.9	-53.2	-55.9	-63.1
	Zone 3	-54.6	-66.1	-76.4	-80.3	-90.6
Roof Slope >27 to 45 degrees (45 degrees is 12 /12 pitch)	Zone 1	-24.0	-29.0	-33.6	-35.3	-39.8
	Zone 2	-28.0	-33.9	-39.2	-41.2	-46.5
	Zone 3	-28.0	-33.9	-39.2	-41.2	-46.5



# INDIAN RIVER COUNTY BUILDING DEPARTMENT

## ROOF DIAGRAM REQUIRED FOR ALL ROOF PERMITS

**Residential Roofs:** Provide a roof plan sketched below - to be completed by the contractor or owner-builder.

**Roof Plan:** Illustrate all levels and sections, skylights, roof drains, scuppers, overflow scuppers and overflow drains. Include dimensions of sections and levels, clearly identify dimensions of elevated pressure zones and location of parapets. (Use area below or provide separate sheet, i.e. Property Appraiser's Sketch Page or Aerial View)

### **COMMERCIAL ROOFS - DO NOT USE THIS FORM.**

For Commercial Roofs provide a roof plan prepared and signed/sealed by a Florida Licensed Engineer stating wind design criteria and components and cladding pressures, location and size for zones 1, 2 and 3.

A large rectangular area filled with a fine grid of small squares, intended for the contractor or owner-builder to sketch the roof plan.

#### **NOTES:**

**REPAIRS:** PROVIDE A ROOF SKETCH SHOWING THE REPAIR AREAS AND PROVIDE DIMENSIONS AND SQUARE FOOT OF REPAIRS ALONG WITH THE TOTAL ROOF AREA. PROVIDE % OF TOTAL ROOF AREA BEING REPAIRED.

**FBCE 706.1.1:** NOT MORE THAN 25 PERCENT OF THE TOTAL ROOF AREA OR ROOF SECTION OF ANY EXISTING BUILDING OR STRUCTURE SHALL BE REPAIRED, REPLACED OR RECOVERED IN ANY 12-MONTH PERIOD UNLESS THE ENTIRE EXISTING ROOFING SYSTEM OR ROOF SECTION IS REPLACED TO CONFORM TO REQUIREMENTS OF THIS CODE.