



## **Shingle ONLY Re-Roof Permit Checklist**

**This application is only intended for Shingle Re-Roof Coverings. If any other type of roof coverings are to be installed (Low Slope, Metal, Tile, Other) or you intend to Re-Cover (Roof Over) you must use the standard Re-Roof application.**

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

- **2 copies of completed Shingle Only Re-Roof permit application.**
- **Owner/Builder Disclosure Statement when applicable.**
- **Florida Product Approvals or Miami-Dade NOA's. All product approval numbers must be provided on the application and provided on-site for inspection. 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 Building and all manufacturer's product installation instructions.**
- **Recorded Notice of Commencement (NOC) preferred to be submitted with application but must be submitted prior to first inspection if job value exceeds \$2500.**
- **Documentation that verifies job value.**
- **Required Mechanical Equipment stands or curbs (FBCEB 301.5, 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 Product Approvals:**  
[https://floridabuilding.org/pr/pr\\_default.aspx](https://floridabuilding.org/pr/pr_default.aspx)  
[http://www.miamidade.gov/building/pc-search\\_app.asp](http://www.miamidade.gov/building/pc-search_app.asp)

**Illustrations:**

<https://www.fema.gov/sites/default/files/2020-07/best-practices-minimize-wind-water-hurricane-michael-florida.pdf> or [www.floridabuilding.org](http://www.floridabuilding.org)



INDIAN RIVER COUNTY/ CITY OF VERO BEACH BUILDING DIVISION

SHINGLE ONLY RE-ROOF PERMIT APPLICATION<sup>3</sup>

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

[ ] RE-ROOF [ ] REPAIR<sup>2</sup>

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

Parcel #: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor FAX: \_\_\_\_\_ Contractor License Number: \_\_\_\_\_ IRC Certificate #: \_\_\_\_\_

Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contract Value: \$ \_\_\_\_\_ Value of Structure<sup>1</sup>: \$ \_\_\_\_\_ Year Built: \_\_\_\_\_

TOTAL ROOF SQ. FEET (not squares): \_\_\_\_\_ REPAIR<sup>2</sup> AREA SQ. FEET (not squares): \_\_\_\_\_

PERCENT of ROOF REPAIR AREA: \_\_\_\_\_% (cannot exceed 25% of TOTAL roof area)

Roof Slope: \_\_\_\_\_:\_\_\_\_\_ Existing Roof Covering: \_\_\_\_\_ New Material: Shingles
Min. Slope 2:12 for Shingles

Underlayment Product Approval #: \_\_\_\_\_
Manufacturer: \_\_\_\_\_ Product/Model: \_\_\_\_\_

Shingle Product Approval #: \_\_\_\_\_
Manufacturer: \_\_\_\_\_ Product/Model: \_\_\_\_\_

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

Applicant acknowledges that this permit is only intended for Shingle Re-Roof applications and that this application is not for a roof over or recovering. Existing roof covering will be removed entirely to the roof sheathing and the deck will be re-nailed as required above (if applicable).

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

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 provide 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 minimum or the requirements in Miami-Dade NOA or Florida Product Approval whichever is applicable.

<sup>1</sup>Value: show proof of insured value of residential structure or a copy of the ad-valorem tax value.

<sup>2</sup>Repairs: Provide a roof sketch (Page-4) showing location of the repair and % of the repair area to total roof area.

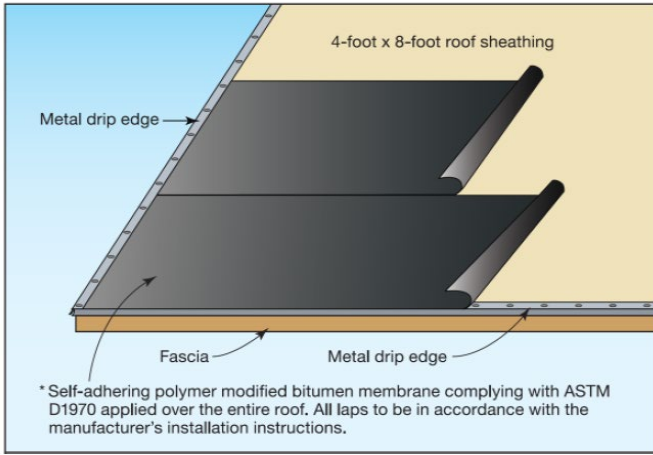
<sup>3</sup>NOTE: ALL ROOF PERMITS REQUIRE A SKETCH TO BE SUBMITTED (SEE PAGE-4 OF THIS PERMIT PACKET)



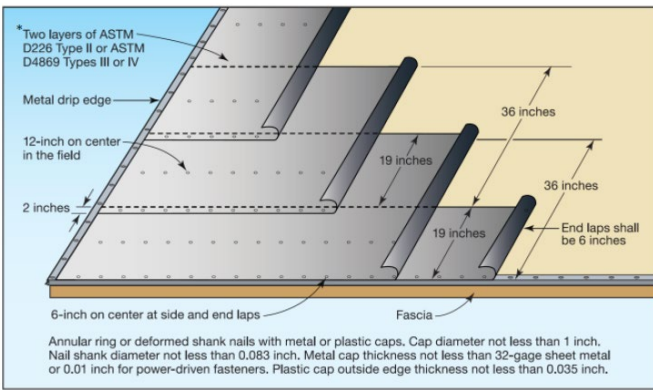
**UNDERLAYMENT:**

1<sup>ST</sup>-PLY PRODUCT: \_\_\_\_\_  SELF-ADHERING  MECHANICAL ATTACHMENT  
2<sup>ND</sup>-PLY PRODUCT: \_\_\_\_\_  SELF-ADHERING  MECHANICAL ATTACHMENT

**Note: Select a System (1-3) below by checking the box to the left of the diagrams.**

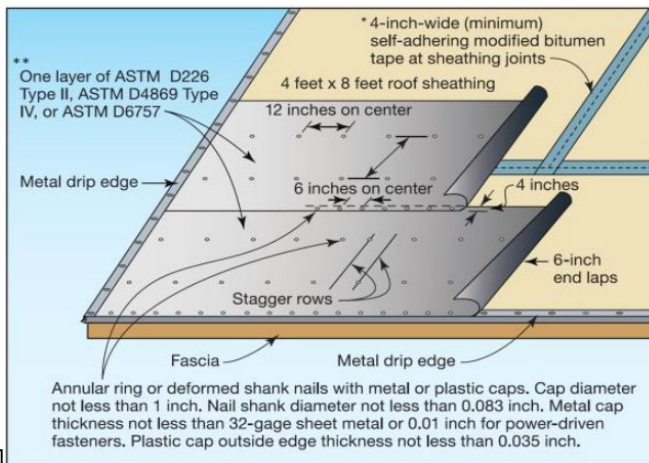


**System # 1-** Apply a Self-Adhering Polymer-Modified Bitumen underlayment complying with ASTM D1970 applied over entire roof deck.



**System #2-** Apply two layers of felt underlayment complying with ASTM D226 Type II or ASTM D4869 Type III or IV or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified. Apply a 19-inch strip of underlayment felt parallel to and starting at the eaves. Starting at the eave, apply a 36-inch wide sheet of underlayment, overlapping successive sheets 19 inches; end laps shall be 6 inches and offset by 6 feet. Where felt underlayment is used it must be 30# or equivalent.

**For slopes 4:12 or greater the above options are available or applicant can use the below option. Please note that the option below is NOT ALLOWED for slopes less than 4:12.**



**System # 3-** Apply a minimum 4-inch wide strip of self-adhering polymer-modified bitumen complying with ASTM D1970 or a minimum 3 ¾-inch wide strip of self-adhering flexible flashing tape complying with AAMA 711, applied over all joints in roof decking. Underlayment shall be applied shingle fashion, parallel to and starting from the eave and lapped 4 inches, end laps shall be 6 inches and shall be offset by 6 feet. The underlayment shall be attached to a nailable deck with two staggered rows in the field of the sheet with a maximum fastener spacing of 12 inches o.c. and one row at the end and side laps fastened 6 inches o.c. Where felt underlayment is used it must be 30# or equivalent.



INDIAN RIVER COUNTY/ CITY OF VERO BEACH BUILDING DIVISION

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. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONER, ETC. 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner Signature

Contractor Signature

Acknowledgement for Person in an Individual Capacity

State of Florida, County of \_\_\_\_\_ The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_

who is  personally known or  produced identification
Type of ID Produced \_\_\_\_\_
Printed Name of Notary \_\_\_\_\_
Signature of Notary \_\_\_\_\_
Notary Seal

State of Florida, County of \_\_\_\_\_ The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_

who is  personally known or  produced identification
Type of ID Produced \_\_\_\_\_
Printed Name of Notary \_\_\_\_\_
Signature of Notary \_\_\_\_\_
Notary Seal

Acknowledgement for Person in a Representative Capacity

State of Florida, 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 \_\_\_\_\_ ( Explain

Representative Capacity) for \_\_\_\_\_ (Name of Party on Behalf of Whom Instrument was Executed).

who is  personally known or  produced identification
Type of ID Produced \_\_\_\_\_
Printed Name of Notary \_\_\_\_\_
Signature of Notary \_\_\_\_\_
Notary Seal

State of Florida, 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 \_\_\_\_\_ ( Explain Representative

Capacity) for \_\_\_\_\_ (Name of Party on Behalf of Whom Instrument was Executed).

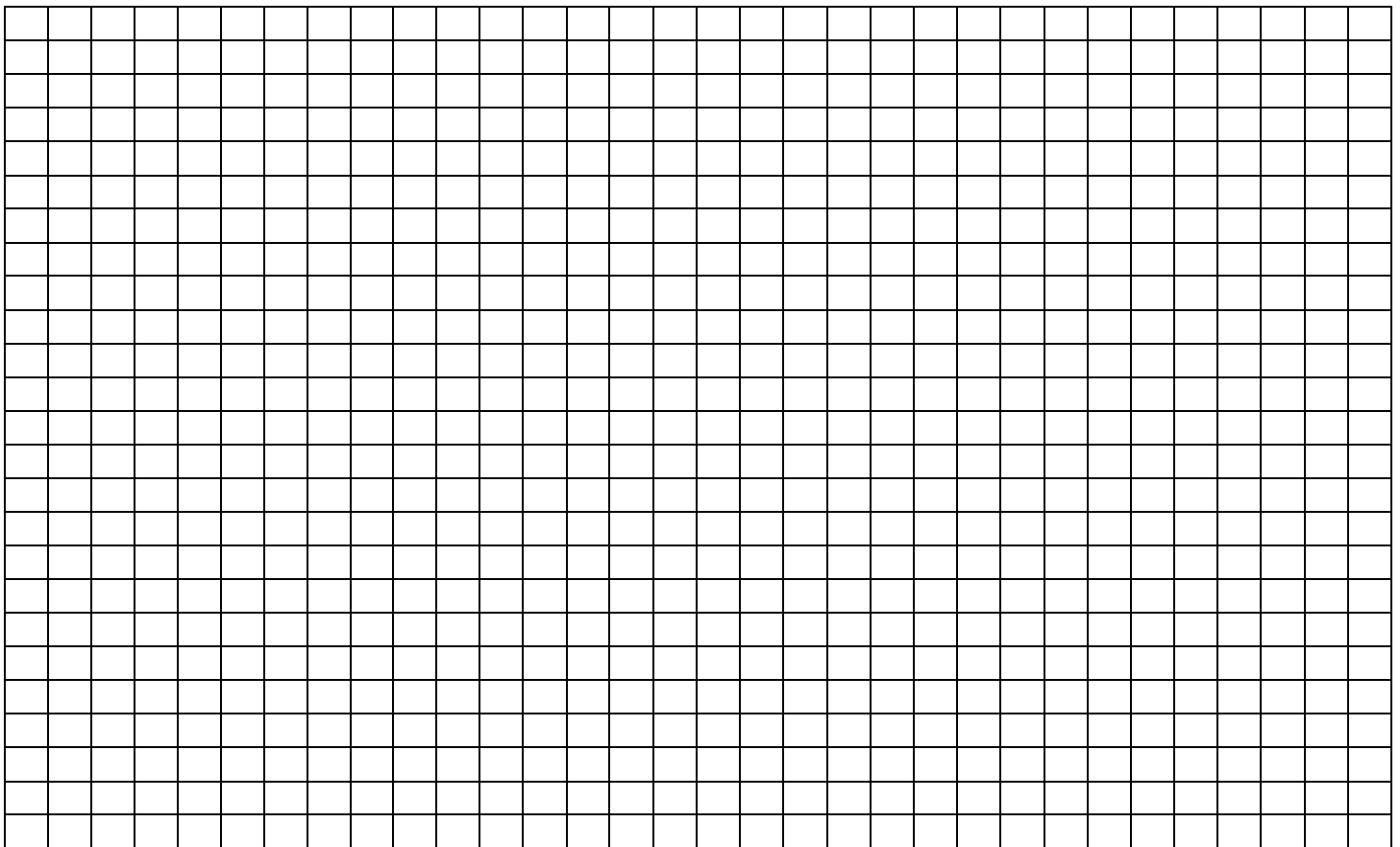
who is  personally known or  produced identification
Type of ID Produced \_\_\_\_\_
Printed Name of Notary \_\_\_\_\_
Signature of Notary \_\_\_\_\_
Notary Seal



**ROOF DIAGRAM REQUIRED FOR ALL ROOF PERMITS**

**Residential and Commercial 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)



**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.