



CITY OF MIAMI SPRINGS
201 Westward Drive
Miami Springs, Florida 33166
Building Processing Department



ROOFING CONTRACTOR REGISTRATION CHECKLIST

- _____ COPY OF STATE OF FLORIDA LICENSE OR CERTIFICATE OF COMPETENCY
- _____ COPY OF DADE COUNTY OCCUPATIONAL AND OR MUNICIPAL LICENSE
- _____ CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY
- _____ WORKMEN'S COMPENSATION INSURANCE OR EXEMPTION FROM STATE OF FLA. (WITH EXEMPTION AFF.)

ROOFING PERMIT CHECKLIST 2 COPIES OF EVERYTHING
(required for ALL permits to be accepted)

- _____ Permit application signed & Notarized by property owner & contractor.
- _____ High Velocity Permit Application Form **(2 copies)**
- _____ Copy of insured value of the home
- _____ Copy of the Ad Valorem taxation value of the home.
- _____ Roofing Contract / Contract of proposed job **(required for ALL permits submitted)**
- _____ Workers Compensation insurance certificate **(required for ALL permits submitted)**
- If Worker's Comp. Exemption is used, the exemption certificate MUST include the names up of to 3 employees working on the job along with a printout of the corporate info from www.sunbiz.org The printout must include the names listed on the exemption certificate.
 - **MUST** provide insurance certificate for any additional workers on the job site.
 - **MUST** provide worker's compensation exemption affidavit if exempt
- _____ Owner's notification for roofing permits **(2 copies)**
- _____ N.O.A.'S / Product Approvals (must submit all the pages) **(2 copies)**

NOTE: EVERYTHING CHECKED OFF MUST BE SUBMITTED AT TIME OF SUBMITTAL.
THESE ARE THE PRELIMINARY REQUIREMENTS FOR SUBMITTAL. THE PLANS WILL BE REVIEWED BY THE APPROPRIATE INSPECTORS AND
FURTHER INFORMATION MAY BE REQUIRED BEFORE FINAL APPROVAL.

Florida Building Code 7th Edition (2020)

High Velocity Hurricane Zone Uniform Roofing Application Form for Miami-Dade County

INSTRUCTION PAGE

**COMPLETE THE NECESSARY SECTIONS OF THE UNIFORM ROOFING PERMIT APPLICATION FORM AND
ATTACH THE REQUIRED DOCUMENTS BELOW:**

| Roof System | Required Sections of the Permit Application Form | Attachments Required See List Below |
|--------------------------|---|--|
| Low Slope Application | A,B,C | 1,2,3,4,5,6,7 |
| Asphaltic Shingles | A,B,D | 1,2,4,5,6,7 |
| Concrete or Clay Tile | A,B,D,E | 1,2,3,4,5,6,7 |
| Metal Roofs | A,B,D | 1,2,3,4,5,6,7 |
| Wood Shingles and Shakes | A,B,D | 1,2,4,5,6,7 |
| Other | As Applicable | 1,2,3,4,5,6,7 |

ATTACHMENTS REQUIRED:

| | |
|----|---|
| 1. | Fire Directory Listing Page |
| 2. | From Product Approval: Front Page Specific System Description Specific System Limitations General Limitations Applicable Detail Drawings |
| 3. | Design calculations per Chapter 16, or if applicable, RAS 127 or RAS 128 |
| 4. | Other Component Product Approval |
| 5. | Municipal Permit Application |
| 6. | Owner's Notification for Roofing Considerations (Reroofing Only) |
| 7. | Any Required Roof Testing / Calculation Documentation |

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High Velocity Hurricane Zone Uniform Roofing Application Form for Miami-Dade County

Section A (General Information)

Master Permit Number: _____

Process Number: _____

Contractor's Name: _____

Job Address: _____

ROOF CATEGORY

- | | | |
|---|---|---|
| <input type="checkbox"/> Low Slope | <input type="checkbox"/> Mechanically Fastened Tile | <input type="checkbox"/> Mortar / Adhesive Set Tile |
| <input type="checkbox"/> Asphaltic Shingles | <input type="checkbox"/> Metal Panel/ Shingles | <input type="checkbox"/> Wood Shingles / Shakes |

ROOF TYPE

- | | | | | |
|-----------------------------------|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Roof | <input type="checkbox"/> Repair | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Reroofing | <input type="checkbox"/> Recovering |
|-----------------------------------|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|

ROOF SYSTEM INFORMATION

| | | |
|--|---|--------------------------|
| Low Slope Roof Area (ft ²) | Steep Sloped Roof Area (ft ²) | Total (ft ²) |
| _____ | _____ | _____ |

| | | | | | |
|---|-----|----|--------------------------------|---------|-----|
| Are there gas vents on the roof? | Yes | No | If Yes what type? | Natural | LPX |
| Is there an existing roof top Solar System? | Yes | No | If yes will it be reinstalled? | Yes | No |

Section B (Roof Plan)

Sketch Roof Plan: Illustrate all levels and sections, 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.



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High Velocity Hurricane Zone Uniform Roofing Application Form for Miami-Dade County

Section C (Low Sloped Roof Systems)

Fill in Specific Roof Assembly Components and Identify manufacturer

(If a component is not used, identify as "NA")

System Manufacturer: _____

Product Approval # _____

Design Wind Pressures, from RAS 128 or Calculations:

Zone 1': _____ Zone 1: _____ Zone 2: _____

Zone 3: _____

Max. Design Pressure, from the specific product approval system: _____

Deck Type: _____

Gauge / Thickness: _____

Slope: _____

Anchor/ Base Sheet & No. of Ply(s): _____

Anchor/ Base Sheet Fastener/ Bonding Material: _____

Insulation Base Layer: _____

Base Insulation Size and Thickness: _____

Base Insulation Fastener/ Bonding Material: _____

Top Insulation Layer: _____

Top Insulation Size and Thickness: _____

Top Insulation Fastener/Bonding Material: _____

Base Sheet(s) & No. of Ply(s): _____

Base Sheet Fastener/ Bonding Material: _____

Ply Sheet(s) and No. of Ply(s): _____

Ply Sheet Fastener/ Bonding Material: _____

Top Ply: _____

Top Ply Fastener/ Bonding Material: _____

Surfacing: _____

Fastener Spacing for Anchor/Base Sheet Attachment:

Zone 1' _____ " oc @ Laps, # Rows _____ @ _____ " oc

Zone 1 _____ " oc @ Laps, # Rows _____ @ _____ " oc

Zone 2 _____ " oc @ Laps # Rows _____ @ _____ " oc

Zone 3 _____ " oc @ Laps, # Rows _____ @ _____ " oc

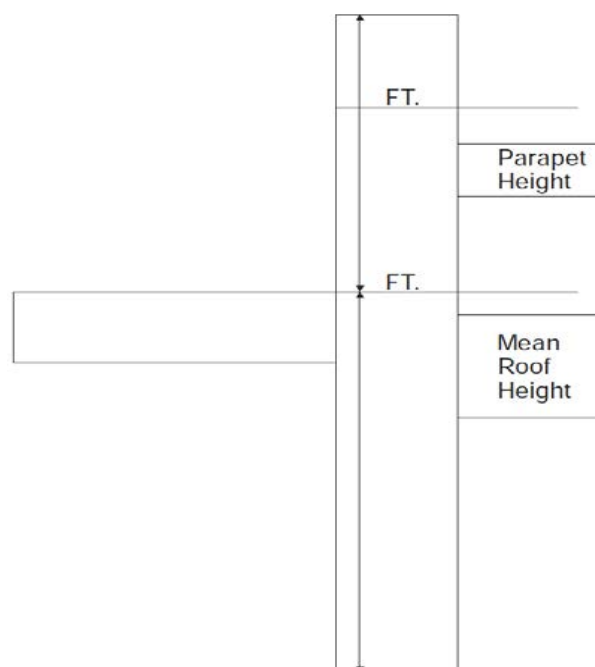
Number of Fasteners Per Insulation Board

Zone 1': _____ Zone1: _____ Zone 2: _____ Zone 3: _____

Illustrated Components Noted and Details as Applicable:

Woodblocking, Gutter, Edge Termination, Stripping, Flashing, Continuous Cleat, Cant Strip, Base Flashing, Counterflashing, Coping, Etc.

Indicate: Mean Roof Height, Parapet Height, Height Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit Manufactures Details that Comply with RAS 111 and Chapter 16.



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High Velocity Hurricane Zone Uniform Roofing Application Form for Miami-Dade County

Section D (Steep Sloped Roof System)

Roof System Manufacturer: _____

Product Control Number: _____

Minimum Design Wind Pressures, From Applicable RAS 127 Table or Calculations:

Zone1: _____ Zone 2e: _____ Zone2n: _____ Zone 2r: _____ Zone 3e: _____ Zone 3r: _____

Slope Range: $\geq 2:12$ to $\leq 4:12$ $> 4:12$ to $\leq 6:12$ $> 6:12$ to $\leq 12:12$

Roof Shape: All Hip Roof Gable Roof or Partial Gable/Hip Roof

Deck Type:

Underlayment Type:

Roof Slope:

_____: 12

Insulation:

Fire Barrier:

Ridge Ventilation?

Fastener Type & Spacing:

Cap Sheet Type:

Mean Roof Height: _____

Cap Sheet Attachment:

Roof Covering:

Drip Edge Type & Size:

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High Velocity Hurricane Zone Uniform Roofing Application Form for Miami-Dade County

Section E (Tile Calculations)

For Moment based tile systems, choose Method 1. Compare the values for M_r with the values from M_f . If the M_f values are greater than or equal to the M_r values for each area of the roof, then the tile attachment method is acceptable.

Method 1* "Moment Based Tile Calculations per RAS 127"

Enter positive uplift pressures when using this table

(Zone 1: _____ x λ _____ = _____) – Mg: _____ = M_{r1} _____ Product Approval M_f : _____

(Zone 2e: _____ x λ _____ = _____) – Mg: _____ = M_{r2e} _____ Product Approval M_f : _____

(Zone 2n: _____ x λ _____ = _____) – Mg: _____ = M_{r2n} _____ Product Approval M_f : _____

(Zone 2r: _____ x λ _____ = _____) – Mg: _____ = M_{r2r} _____ Product Approval M_f : _____

(Zone 3e: _____ x λ _____ = _____) – Mg: _____ = M_{r3e} _____ Product Approval M_f : _____

(Zone 3r: _____ x λ _____ = _____) – Mg: _____ = M_{r3r} _____ Product Approval M_f : _____

Tile attachment method:

Alternate Tile attachment method :

For Uplift Based tile systems use Method 3. Compare the values for F' with the values for F_r . If the F' values are greater than or equal to the F_r values for each area of the roof, then the tile attachment method is acceptable.

Method 3* "Uplift Based Tile Calculations per RAS 127"

(Zone 1: _____ x L = _____ x W = _____) – (w) x cos θ _____) = F_{r1} _____ Product Approval F' : _____

(Zone 2e: _____ x L = _____ x W = _____) – (w) x cos θ _____) = F_{r2e} _____ Product Approval F' : _____

(Zone 2n: _____ x L = _____ x W = _____) – (w) x cos θ _____) = F_{r2n} _____ Product Approval F' : _____

(Zone 2r: _____ x L = _____ x W = _____) – (w) x cos θ _____) = F_{r2r} _____ Product Approval F' : _____

(Zone 3e: _____ x L = _____ x W = _____) – (w) x cos θ _____) = F_{r3e} _____ Product Approval F' : _____

(Zone 3r: _____ x L = _____ x W = _____) – (w) x cos θ _____) = F_{r3r} _____ Product Approval F' : _____

***Method 2 "Simplified Tile Calculations" only applicable in Broward County.**

| Where to obtain information | | |
|--|-----------------------------|--|
| Description | Symbol | Where to Find |
| Design Pressure | Zones 1, 2e, 2n, 2r, 3e, 3r | From the applicable Table in RAS- 127 or be an engineering analysis prepared by a PE based upon ASCE 7 |
| Mean Roof Height | H | Job Site |
| Roof Slope | θ | Job Site |
| Aerodynamic Multiplier | λ | Product Approval / Notice of Acceptance |
| Restoring Moment due to Gravity | M_g | Product Approval / Notice of Acceptance |
| Attachment Resistance | M_f | Product Approval / Notice of Acceptance |
| Required Moment Resistance | M_r | Calculated |
| Minimum Attachment Resistance | F' | Product Approval / Notice of Acceptance |
| Required Uplift Resistance | F_r | Calculated |
| Average Tile Weight | w | Product Approval / Notice of Acceptance |
| Tile Dimensions | L=Length W= Width | Product Approval / Notice of Acceptance |
| All calculations must be submitted to the Building Official at the time of permit application. | | |

City of Miami Springs
Building and Zoning Department
Owner's Notification for Roofing Permits issued under the Florida Building Code

Section 1524-High Velocity Hurricane Zones Required Owners Notification for Roofing Considerations

1524.1 As it pertains to this section, it is the responsibility of the roofing contractor to provide the owner with the required roofing permit, and to explain to the owner the content of this section. The provisions of Chapter 15 of the Florida Building Code, Building, govern the minimum requirements and standards of the industry for roofing system installations. Additionally, the following items should be addressed as part of the agreement between the owner and the contractor. The owner's initials in the adjacent boxes indicate that the item has been explained.

_____ 1. **Aesthetics-Workmanship:** The workmanship provisions of Chapter 15 (High Velocity Hurricane Zone) are for the purpose of providing that the roofing system meets the wind resistance and water intrusion performance standards. Aesthetics (appearance) issues are not a consideration with respect to workmanship provisions. Aesthetic issues such as color or architectural appearance, that are not part of a zoning code, should be addressed as part of the agreement between the owner and the contractor.

_____ 2. **Renailing Wood Decks:** When replacing roofing, the existing wood roof deck may have to be renailed in accordance with the current provisions of Chapter 15 (High Velocity Hurricane Zones) of the Florida Building Code. (The roof deck is usually concealed prior to removing the existing roof system). **NOTE: Certification for renailing must be signed and returned on a separate form!**

_____ 3. **Common Roofs:** Common roofs are those which have no visible delineation between neighboring units (i.e. townhouses, condominiums, etc.). In buildings with common roofs, the roofing contractor and/or owner should notify the occupants of adjacent units of roofing work to be performed.

_____ 4. **Exposed Ceilings:** Exposed, open beam ceilings are where the underside of the roof decking can be viewed from below. The owner may wish to maintain the architectural appearance, therefore, roofing nail penetrations of the underside of the decking may not be acceptable. The Florida Building Code provides the option of maintaining this appearance.

_____ 5. **Ponding Water:** The current roof system and/or 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. Ponding conditions may not be evident until the original roofing system is removed. Ponding conditions should be corrected.

_____ 6. **Overflow scuppers (wall outlets):** It is required that rainwater flows off so that the roof is not overloaded from a build up of water. Perimeter/edge walls or other roof extensions may block this discharge if overflow scuppers (wall outlets) are not provided. It may be necessary to install overflow scuppers in accordance with the Florida Building Code, Plumbing.

_____ 7. **Ventilation:** Most roof structures should have some ability to vent natural airflow through the interior of the structural assembly (the building itself). The existing amount of attic ventilation shall not be reduced. It may be beneficial to consider additional venting which can result in extending the service life of the roof.

Owner's/Agent's Signature

_____/_____/_____

Date

Contractor's Signature

- An owner/builder acting as contractor is considered the qualifier for this code.

**AFFIDAVIT OF COMPLIANCE WITH ROOF DECKING ATTACHMENT AND SECONDARY WATER BARRIER HURRICANE
MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE-FAMILY RESIDENTIAL STRUCTURES PURSUANT TO
SECTION 553.844 F.S.**

Date: _____

To: Miami Springs Building Department
201 Westward Drive
Miami Springs, FL 33166

Re: Owner's Name _____
Property Address _____

Roofing Permit Number _____

Dear Building Official:

I, _____, certify that the roof decking attachment and fasteners have been strengthened and corrected and a secondary water barrier has been provided as required by the "Manual of Hurricane Mitigation Retrofits for Existing Site-Built Single-Family Residential Structures" adopted by the Florida Commission by Rule 9B-3.047 F.A.C.

Qualifying Agent

Signature of Qualifying Agent

Print Name

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____,
_____ who: is personally known to me OR has produced
_____ as identification and who executed the foregoing
instrument freely and voluntarily for the purposes therein expressed.

NOTARY PUBLIC, State of Florida
At Large

MY COMMISSION EXPIRES:

**OWNER'S AFFIDAVIT OF EXEMPTION
ROOF TO WALL CONNECTION HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE-FAMILY
RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.**

Date: _____

To: Miami Springs Building Department
201 Westward Drive
Miami Springs, FL 33166

Re: Owner's Name _____
Property Address _____

Roofing Permit Number _____

Dear Building Official:

I, _____, certify that I am not required to retrofit the roof to wall
(PROPERTY OWNER)
connections of my building because:

- ☐ The just valuation for the structure for purposes of ad valorem taxation is less than \$300,000.00.
- ☐ The building was constructed in compliance with the provisions of the Florida Building Code (F.B.C.).
- ☐ The building has an insured value of less than \$300,000.00 or if the building is uninsured for which documentation of insured value is not presented.

Signature of Property

Print Name

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____,
_____ who: is personally known to me OR has produced
_____ as identification and who executed the foregoing
instrument freely and voluntarily for the purposes therein expressed.

_____ MY COMMISSION EXPIRES:
NOTARY PUBLIC, State of Florida
At Large _____

When the just valuation of the structure for purposes of ad valorem taxation is equal to or more than \$300,000.00, and the building was not constructed in compliance with the F.B.C. nor with the 1994 S.F.B.C., and affidavit of Roof to Wall Connection Hurricane Mitigation Retrofit must be provided.

**AFFIDAVIT OF COMPLIANCE WITH ROOF TO WALL CONNECTION HURRICANE MITIGATION
RETROFIT FOR EXISTING SITE-BUILT SINGLE-FAMILY RESIDENTIAL STRUCTURES PURSUANT TO
SECTION 553.844 F.S.**

Date: _____

To: Miami Springs Building Department
201 Westward Drive
Miami Springs, FL 33166

Re: Owner's Name _____
Property Address _____

Roofing Permit Number _____

Dear Building Official:

I, _____, certify that I have improved the roof to wall connections of the referenced property as required by the Manual of Hurricane Mitigation Retrofits for Existing Site-Built Single Family Residential Structures as adopted by the Florida Building Commission by Rule 9B-3.047 F.A.C.

Signature of Qualifying Agent

Print Name

License Number

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20__,
_____ who: is personally known to me OR has produced
_____ as identification and who executed the foregoing
instrument freely and voluntarily for the purposes therein expressed.

MY COMMISSION EXPIRES:
NOTARY PUBLIC, State of Florida At Large

NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

PERMIT NO. _____ TAX FOLIO NO. _____

STATE OF FLORIDA:

COUNTY OF MIAMI-DADE:

THE UNDERSIGNED hereby gives notice that improvements 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.

Space above reserved for use of recording office

1. Legal description of property and street/address: _____

2. Description of improvement: _____

3. Owner(s) name and address: _____

Interest in property: _____

Name and address of fee simple titleholder: _____

4. Contractor's name, address and phone number: _____

5. Surety: (Payment bond required by owner from contractor, if any)

Name, address and phone number: _____

Amount of bond \$ _____

6. Lender's name and address: _____

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,

Name, address and phone number: _____

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

Name, address and phone number: _____

9. Expiration date of this Notice of Commencement: _____

(the expiration date is 1 year from the date of recording unless a different date is specified)

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

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

Prepared By _____ Prepared By _____

Print Name _____ Print Name _____

Title/Office _____ Title/Office _____

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this _____ day of _____.

By _____

☐ Individually, or ☐ as _____ for _____

☐ Personally known, or ☐ produced the following type of identification: _____

Signature of Notary Public: _____

Print Name: _____

(SEAL)

VERIFICATION PURSUANT TO SECTION 92.525, FLORIDA STATUTES

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true, to the best of my knowledge and belief.

Signature(s) of Owner(s) or Owner(s)'s Authorized Officer/Director/Partner/Manager who signed above:

By _____ By _____