



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.**

CITY OF MIAMI SPRINGS

BUILDING DEPARTMENT

201 Westward Drive, Second Floor
Miami Springs, FL 33166
Office: 305-805-5030 Fax: 305-805-5036

www.miamisprings-fl.gov



Date: _____

Master Permit Sub-Permit Clerk _____

JOB ADDRESS _____ **PERMIT APPLICATION** MASTER PERMIT NUMBER _____

1. OWNER INFORMATION	Owner _____ Address _____ City _____ ST _____ Zip _____ Driver License No. /I.D. _____ Phone No. _____			2. CONTRACTOR INFORMATION	Company Name _____ Qualifier Name _____ Address _____ City _____ ST _____ Zip _____ Lic. No. _____ Phone No. _____		
3. PERMIT TYPE	Choose only One <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing/Gas <input type="checkbox"/> Sign <input type="checkbox"/> Roofing	4. CHANGE TO AN EXISTING PERMIT	Choose only One <input type="checkbox"/> Change Contractor <input type="checkbox"/> Extension <input type="checkbox"/> Renewal <input type="checkbox"/> Shop Drawing <input type="checkbox"/> Lost Plans	5. TYPE OF IMPROVEMENT	Choose only One <input type="checkbox"/> New Construction <input type="checkbox"/> Addition Attached <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Demolition/Partial <input type="checkbox"/> Re-roof <input type="checkbox"/> Driveway <input type="checkbox"/> Fence <input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Shutters <input type="checkbox"/> Pool <input type="checkbox"/> Shed <input type="checkbox"/> Other: _____		
6. ARCHITECT/ENGINEER INFO	Name _____ Address _____ City _____ ST _____ Zip Code _____ Lic. No. _____ Discipline _____ Phone No. _____			8. LEGAL/USE/WORK VALUE	Folio No. 05-_____ No. of Units _____ Lot _____ Block _____ Subdivision _____ Current Use of Property _____ Description of Work _____ _____ Square FT. _____ Linear FT. _____ Work Value _____ Building Value _____ Flood Zone _____ Base Flood Elevation _____		
7. CONTACT INFO	Name _____ E-mail _____ Phone No. _____						

Application is hereby made to obtain a permit to do the work and/or 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, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioning, Driveways, Portable Storage Units, etc.

Owner's Affidavit: I certify that all the foregoing information is accurate and that work will be done in compliance with all applicable laws regulating construction and zoning.

NOTICE REGARDING BUILDING PERMIT APPLICATIONS

The Completion and submission of a Building Permit Application is a requirement of securing a City Building Permit. The City will rely upon the information contained in the Application in determining whether a City Building Permit should be issued. The submission of inaccurate, misleading or misrepresented information in the Application shall subject the Building Permit to denial, suspension or revocation, and the individual applying for the permit, to all appropriate fines, penalties and other punishments authorized by law. **KINDLY GOVERN YOURSELF ACCORDINGLY.**

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER INFORMATION	PRINT NAME _____ OWNERS SIGNATURE _____ SWORN TO AND SUBSCRIBED BEFORE ME BY PRINT NAME _____ _____ WHO IS PERSONALLY KNOWN TO ME OR PRODUCED _____ _____ As identification, this _____ day of _____ 20 _____ Notary's Signatures _____ Printed Name of Notary _____		QUALIFIER INFORMATION	PRINT NAME _____ QUALIFIERS SIGNATURE _____ SWORN TO AND SUBSCRIBED BEFORE ME BY PRINT NAME _____ _____ WHO IS PERSONALLY KNOWN TO ME OR PRODUCED _____ _____ As identification, this _____ day of _____ 20 _____ Notary's Signatures _____ Printed Name of Notary _____	
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DO NOT WRITE BELOW - FOR OFFICE USE ONLY

✓	TRADE	APPROVED/DATE	DISAPPROVED/DATE	APPLICATION INCLUDES	FEES \$.00
	Zoning			Zoning		
	Structural			Structural		
	Building			Base Fee		
	Electrical			Scanning		
	Mechanical			Technology		
	Plumbing			Rework		
	Roofing			Violation		
	Flood			DBPR/DCA		
	Publics Works			Code Compliance		
				(-) Upfront Fee		
				Balance Due		

**SECTION 1525
HIGH-VELOCITY HURRICANE ZONES—UNIFORM PERMIT APPLICATION**

Florida Building Code 8th Edition (2023)
High-Velocity Hurricane Zone Uniform Permit Application Form

INSTRUCTION PAGE

COMPLETE THE NECESSARY SECTIONS OF THE UNIFORM ROOFING PERMIT APPLICATION FORM AND ATTACH THE REQUIRED DOCUMENTS AS NOTED 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
Prescriptive BUR-RAS 150	A,B,C	4,5,6,7
Asphalt 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 of Product Approval
5.	Municipal Permit Application
6.	Owners Notification for Roofing Considerations (Reroofing Only)
7.	Any Required Roof Testing/Calculation Documentation

Florida Building Code 8th Edition (2023)
High-Velocity Hurricane Zone Uniform Permit Application Form

Section A (General Information)

Master Permit No. _____ Process No. _____

Contractor's Name _____

Job Address _____

ROOF CATEGORY

- Low Slope
- Asphalt Shingles
- Mechanically Fastened Tile
- Metal Panel/Shingles
- Prescriptive BUR-RAS 150
- Mortar/Adhesive Set Tiles
- Wood Shingles/Shakes

ROOF TYPE

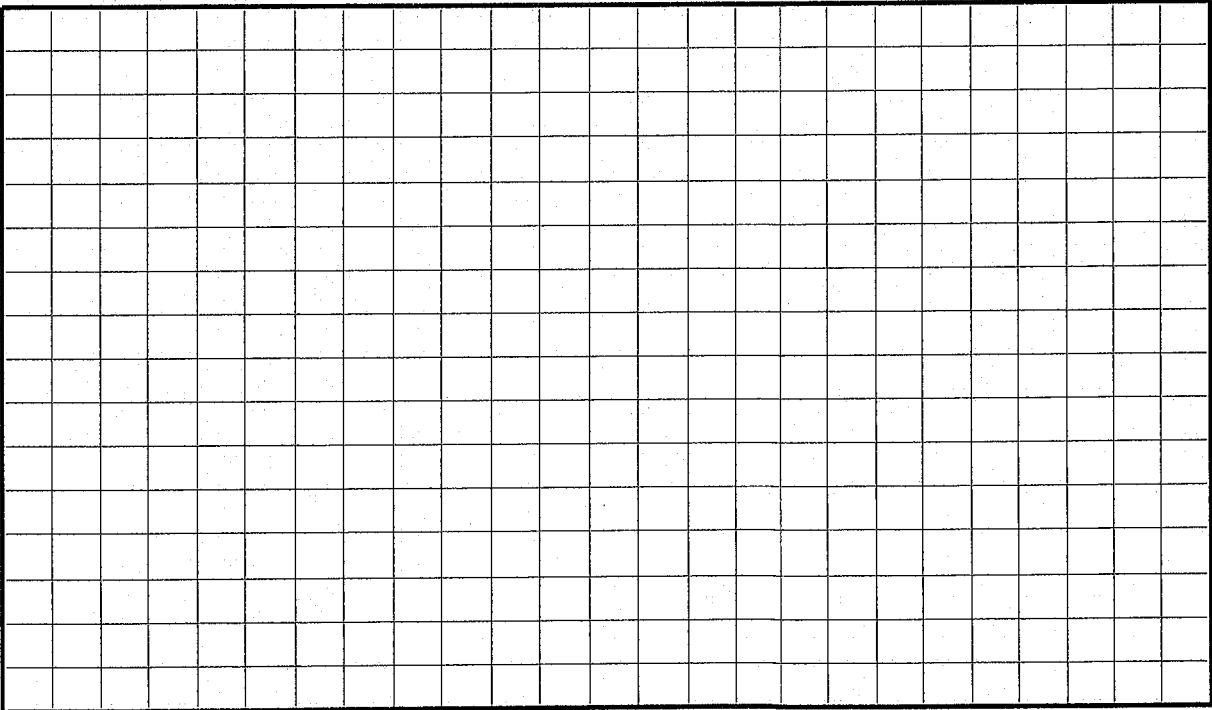
- New roof
- Repair
- Maintenance
- Reroofing
- Recovering

ROOF SYSTEM INFORMATION

Low Slope Roof Area (SF) _____ Steep Sloped Roof Area (SF) _____ Total (SF) _____

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.



**Florida Building Code 8th Edition (2023)
High-Velocity Hurricane Zone Uniform Permit Application Form**

Section C (Low Slope Application)

Fill in specific roof assembly components and identify manufacturer

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

System Manufacturer: _____

Product Approval No.: _____

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) & 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 @ Lap, # Rows _____ @ _____" oc

Zone 1: _____" oc @ Lap, # Rows _____ @ _____" oc

Zone 2: _____" oc @ Lap, # Rows _____ @ _____" oc

Zone 3: _____" oc @ Lap, # Rows _____ @ _____" oc

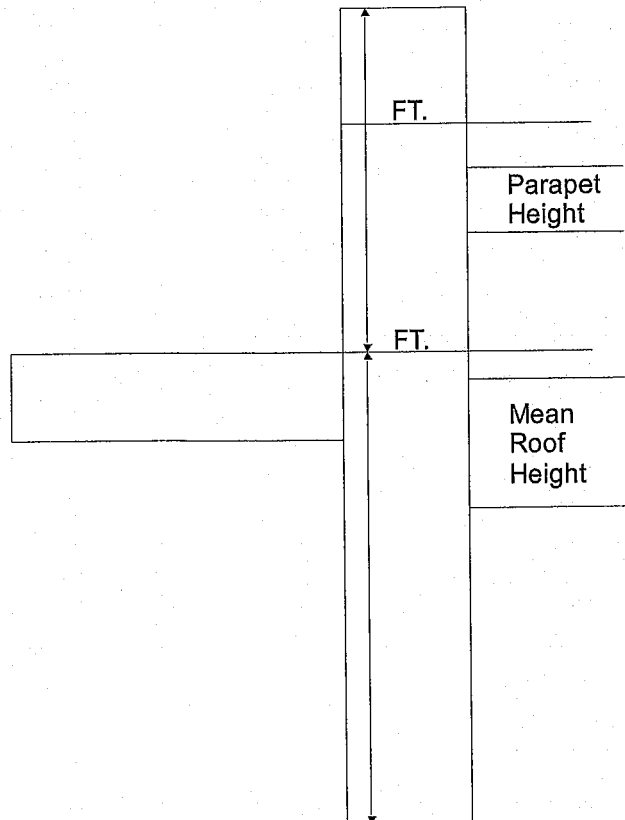
Number of Fasteners Per Insulation Board:

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

Illustrate 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 of Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit Manufacturers Details that Comply with RAS 111 and Chapter 16.



Florida Building Code 8th Edition (2023)
High-Velocity Hurricane Zone Uniform Permit Application Form

Section D (Steep Sloped Roof System)

Roof System Manufacturer: _____

Notice of Acceptance Number: _____

Minimum Design Wind Pressures, If Applicable (From RAS 127 or Calculations):
Zone 1: _____ Zone 2: _____ Zone 3: _____

Roof Slope:
_____: 12

Ridge Ventilation?

Mean Roof Height: _____

Deck Type: _____

Type Underlayment: _____

Insulation: _____

Fire Barrier: _____

Fastener Type & Spacing: _____

Adhesive Type: _____

Type Cap Sheet: _____

Roof Covering: _____

Type & Size Drip Edge: _____

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

**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 _____