

**Town of Sewall's Point Building Department**

One South Sewall's Point Road

Sewall's Point, Florida 34996

Ph: 772-287-2455

**ROOF REPLACEMENT
PERMIT APPLICATION**

Permit # _____

CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8TH EDITION

Site Address:	Parcel ID:
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Owner's Information

Name:	Email:	Phone:
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Address:

Contractor's Information

Name:	Email:	Phone:
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Address:	State License no.
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PROJECT INFORMATION

<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Existing fasteners size: <input type="checkbox"/> 6d <input type="checkbox"/> 8d <input type="checkbox"/> N/A Existing fasteners spacing: <input type="checkbox"/> 6" o.c or less <input type="checkbox"/> more than 6" o.c <input type="checkbox"/> N/A
Existing Roof Covering: _____	Note: If the existing fasteners are 8d spaced on 6" o.c or less, roof re-nailing is not required. 8d nails shall be a minimum of 0.113 inch in diameter and shall be a minimum of 2 1/4 inches long to qualify for the provisions of this section for existing nails regardless of head shape or head diameter.

ROOF DECK: ☐ Plywood ☐ OSB ☐ T/G ☐ Structural concrete ☐ Steel ☐ Cementitious wood fiber panels Roof slope _____:12**STEEP SLOPE ROOF COVER AND UNDERLAYMENT** **Select applicable roof cover and underlayment from one option area only. Example: For type A roof cover, choose type A underlayment, for type B roof cover, choose type B underlayment, etc.**TYPE A Roof Cover:**

- ☐ Asphalt Shingle
☐ Metal Roof Panels
☐ Photovoltaic shingle

Type A Underlayment:

- ☐ (1) layer & tape ☐ (1) layer self-adhered ☐ (2) layers

- ☐ ASTM D226 type II
☐ ASTM D4869 type III or IV
☐ ASTM D6757
☐ ASTM 1970 or AAMA 711 level III (tape)
☐ Self-adhered ASTM D1970

TYPE B Roof Cover:

- ☐ Metal roof shingle
☐ Wood/shake/slate shingle
☐ Mineral surface roll roofing

Type B Underlayment:

- ☐ (1) layer & tape ☐ (1) layer self-adhered ☐ (2) layers

- ☐ ASTM D226 type II
☐ ASTM D4869 type III or IV
☐ ASTM 1970 or AAMA 711 level III (tape)
☐ Self-adhered ASTM D1970

TYPE C Roof Cover:

- ☐ Clay/Concrete Tile

Type C Underlayment:

- ☐ Single ply (underlayment must be self-adhered ASTM D1970)
☐ Two-ply systems (select both base sheet and cap sheets as applicable).

Base Sheet:

- ☐ ASTM D226 type II (#30)
☐ ASTM D4869 type IV (#30)
☐ ASTM D2626 (#43)
☐ Self-adhered ASTM D1970

Cap Sheet:

- ☐ Self-adhered ASTM D1970
☐ Type II organic cap sheet (#90)
☐ ASTM D6380 Class M or WS (#90) (mineral surfaced roll roofing)

LOW SLOPE CONFIGURATION (provide the product approval, and identify which configuration is used)

- ☐ Modified Bitumen ☐ Single Ply ☐ Liquid applied ☐ SPF (sprayed polyurethane foam) ☐ BUR (built-up roof)

Total Valuation \$ _____

APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER

<div>Contractor Signature _____ Date _____</div> <div>Print Name _____</div> <div>Notary Public, State of Florida [NOTARIAL SEAL]</div> <div>STATE OF FLORIDA, County of _____</div> <div>The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this _____ day of _____, 20____, by _____ who is _____ personally known to me or _____ has produced _____ as identification</div>	<div>Owner or Owner's Authorized Representative Signature _____ Date _____</div> <div>Print Name _____</div> <div>Notary Public, State of Florida [NOTARIAL SEAL]</div> <div>STATE OF FLORIDA, County of _____</div> <div>The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this _____ day of _____, 20____, by _____ who is _____ personally known to me or _____ has produced _____ as identification</div>
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NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED BY INSPECTION.**A HOMEOWNER'S LADDER CANNOT BE USED DUE TO INSURANCE LIABILITY.****NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

Application updated 01/01/2024



Building Department CHECKLIST FOR ROOF REPLACEMENT PERMITS

PERMIT APPLICATION – The following information must be completed on the permit application:

- For office use only - Permit number
- Site address
- Parcel ID
- Owner's information
- Contractor's information
- Commercial/Residential
- Roof deck
- Steep slope roof cover and underlayment
- Low slope configuration
- Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS –

- Product approval
- Manufacturer's specifications
- Skylight permit application, if replacing skylights
- Recorded Notice of Commencement for work valued at \$5000 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)
- ****If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit. Homeowner must personally appear at the Building Department to have their signature notarized.**

NOTES:

- If the permit request is for NEW skylights, a "Skylight Permit Application" is required and permit fees will apply

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.



Town of Sewall's Point Building Department
One South Sewall's Point Road
Sewall's Point, Florida 34996
Ph: 772-287-2455

RE-ROOF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: _____ PHONE #: _____ FAX: _____

OWNER'S NAME: _____

CONSTRUCTION ADDRESS: _____ CITY _____ STATE _____

RE-ROOF: ☐ RESIDENTIAL(SINGLE FAMILY)

☐ COMMERCIAL ***-REMOVE/REINSTALL ROOF TOP HVAC EQUIP ☐ YES ☐ NO

***...DISCONNECT/RECONNECT HVAC ELECTRIC ☐ YES ☐ NO

** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. ☐ YES ☐ NO - **INSURED VALUE OF RESIDENCE: \$** _____

ROOF TYPE: ☐ HIP ☐ BOSTON-HIP ☐ GABLE ☐ FLAT _____ OTHER _____

ROOF PITCH: _____/12 SLOPE

ROOF DECK:* ☐ **SHEATH-OVER** - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED

☐ **RE-SHEATH** - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".

☐ **SPACED SHEATH FILL-IN** - SPACES BETWEEN EXISTING SPACED-SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

☐ **EXISTING DECK TO REMAIN/REPAIRED& RENAILED**

EXISTING ROOF COVERING: _____ EXISTING COVERING TO BE REMOVED? YES ☐ NO ☐

PROPOSED NEW ROOF COVERING: _____

MANUFACTURER _____ PRODUCT NAME _____ PRODUCT APPR # _____

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL)
MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

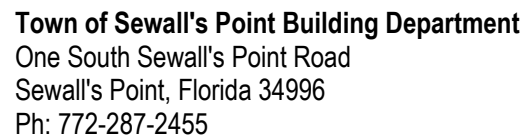
PROPOSED FLASHING: ☐ GALV./STEEL ☐ ALUMINUM ☐ COPPER ☐ OTHER _____

RIDGEVENT TO BE INSTALLED: ☐ YES ☐ NO

DESCRIPTION OF WORK: _____

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.

SIGNATURE OF CONTRACTOR DATE: _____

[illegible]



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ROOF DECKING ATTACHMENT FOR EXISTING SITE-BUILT SINGLE-FAMILY RESIDENTIAL STRUCTURES

PERMIT# _____ PROPERTY ADDRESS: _____

ENGINEER/ARCHITECT NAME _____ ENGINEER/ARCHITECT # _____

I _____ certify that the above referenced installation meets the following: (print name)

- A. Fasteners shall be minimum 8d ring shank nails in accordance with ASTM F1667 classification RSRS-01
- B. Placement of fasteners shall comply with the Florida Existing Building Code table 706.7.1.2
- C. New or replacement roof substrate material (if *any*) shall meet the requirements of the Florida Existing Building Code section 706.1

Exception: Single-family residential structures permitted subject to the Florida Building Code are not required to comply with this section (Single-Family residential structures built or have a re-roof permit dated on or after 03/01/2002) unless the scope of work includes repair to the roof substrate using new or replacement material.

In accordance with the Florida Building Code section 105.14 this form can only be signed only by a licensed Engineer under F.S 471, Architect under F.S 481, or Private Provider in accordance with F.S 553.791

☐ Registered Architect

☐ Licensed Engineer

☐ Private Provider

Special Inspector Signature: _____

State of Florida Registration _____

Special Inspector Address: _____

Phone #: _____ Fax #: _____

Email _____

Original Seal/Signature and Date

CONTRACTOR ACKNOWLEDGEMENT

I, _____ certify that the scope of work did not contain replacement or removal of any roof substrate.
(print name)

Signature of Contractor: _____

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 to me or has produced _____ as identification.

(NOTARIAL SEAL)

NOTARY PUBLIC, State of Florida



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**RESIDENTIAL REROOF WINDSTORM LOSS
MITIGATION CERTIFICATION (FLORIDA STATUTE 553.844)**

ALL RE-ROOFS REGARDLESS OF VALUE SHALL COMPLY WITH THE FOLLOWING:

Re-nailing: All sheathing and decking shall be re-nailed per section 201.1 and a secondary water barrier installed.

- Existing fasteners that are 8d clipped head, round head or ring shank and spaced 6 in. or less o.c. may be counted. Additional fasteners shall be 8d ring shank nails with round heads spaced at 6 in. o.c. along framing.
- Indicate below which method is to be used to satisfy the secondary water barrier requirements:

☐

All joints in roof sheathing shall be covered with a minimum of 4 in. strip of self-adhering polymer modified bitumen tape. Wood deck and self-adhering tape shall be covered by one layer of approved underlayment.

☐

Entire roof deck shall be covered with an approved self-adhering polymer modified bitumen cap sheet. No additional underlayment is required.

☐

Outside of the HVHZ, an underlayment complying with section 1507.2.3 of the Florida Building Code, Building fastened as described below or a layer of asphalt impregnated approved #30 felt shall be installed. The felt is to be fastened with 1" round plastic cap or metal cap nails, attached to a nailable deck in a grid pattern of 12 inches (305 mm) staggered between the overlaps, with 6-inch (152 mm) spacing at the overlaps. For slopes of 2:12 to 4:12 an additional layer of felt shall be installed in a single-fashion and lapped 19" and fastened as described above. (No additional underlayment shall be required over the top of this sheet.)

☐

Exception: An approved 30# underlayment installed per HVHZ using nails and tin-tags and covered with an approved self-adhering polymer modified bitumen cap sheet or an approved cap sheet hot-mopped shall be deemed to meet the requirements for secondary water barrier.

Residential Structures valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

**LICENSED GENERAL, BUILDING OR RESIDENTIAL CONTRACTORS'
REROOF WINDSTORM LOSS MITIGATION COMPLIANCE AFFIDAVIT**

**A RESIDENTIAL STRUCTURE VALUED AT \$300,000 OR MORE SHALL COMPLY WITH
THE FOLLOWING:**

- Roof to wall connections must be enhanced up to 15% additional cost of the reroofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.

**A RESIDENTIAL STRUCTURE VALUED AT \$750,000 OR MORE SHALL COMPLY WITH
THE FOLLOWING:**

When any activity requiring a building permit that is applied for on or after July 1, 2008, and for which the estimated cost is \$50,000 or more for a building that is located in the wind borne debris region as defined in s. 1609.2 of the Florida Building Code, Building:

Opening protections as required within the Florida Building Code, Building or Florida Building Code, Residential for new construction shall be provided.

TO BE COMPLETED IF INSURED VALUE OF SINGLE FAMILY IS OVER \$300,000.00 AND WAS PERMITTED PRIOR TO MARCH 1, 2002.

YEAR PERMITTED _____ INSURED OR P.A. IMPROVED VALUE \$ _____
DETAILS OF MITIGATION WORK TO BE PERFORMED (Add additional sheets if necessary):

JOB SITE ADDRESS: _____

QUALIFIER NAME: _____ LICENSE NO.: _____

COMPANY NAME: _____ PHONE NO.: _____

X _____ X _____

Qualifier's Signature

Owner's Signature

Date: _____

Date: _____

Sworn to and subscribed before me

Sworn to and subscribed before me

this _____ day of _____ 20 _____

this _____ day of _____ 20 _____.

By _____

By _____

Notary Public, State of Florida

Notary Public, State of Florida

Personally known to me _____

Personally known to me _____

Produced ID _____

Produced ID _____

Type: _____

Type: _____