



BUILDING DEPARTMENT ROOFING PERMITTING CHECKLIST

For Re-Roofing Permit Applications

- Roofing Permit Application
- Product Approvals
- Re-Nailing Affidavit
- Re-Roofing Underlayment Systems Form
- Roof Covering Information
- Roofing Design Pressures (NOTE: This is a reference for One and Two Family Only. Site specific engineering is required for Multi-Family and Commercial structures).
- Recorded NOC for projects that exceed \$5,000.
- Re-Roof Windstorm Loss Mitigation Certification
- Re-Roof Windstorm Loss Mitigation Compliance Affidavit-
*Required to be completed if the value of the building structure is over \$300,000 (See the IRC Property Appraiser website to determine) **and** built prior to March 1, 2002 (using permit issuance date).*
Note: An additional permit for roof-to-wall connections may be required.

For Roofing Repair Permit Applications

- Roofing Permit Application
- Sketch of location of repair with calculated repair percentage.
- Product Approvals
- Recorded NOC for projects that exceed \$5,000.
- NOTE: Photos of all repairs are required to be submitted prior to an inspection request. Photos can be emailed to inspections@irshores.com and must include the permit number and address.

All permitting documentation is available on the website at www.irshores.com Building Department page. Payments are required at the time of submission.



**BUILDING DEPARTMENT
ROOFING PERMIT APPLICATION**

Re-Roof** Repair***
 Shingles Metal** Tile** Roof over Flat** Other _____

<p align="center"><u>RESIDENTIAL</u></p> <p><input type="checkbox"/> Single Family Attached <input type="checkbox"/> Single Family Detached</p> <p align="center"><u>COMMERCIAL</u></p> <p><input type="checkbox"/> Flat Roof <input type="checkbox"/> Other _____</p>
--

JOB ADDRESS: _____
Owner Address (if different than job address: _____
Owner Name: _____ Owner Phone: _____
Contractor Company Name: _____ Contractor Phone: _____
Qualifier Name: _____ Email: _____
Contractor License Number: _____
Engineer: _____ Phone: _____ Email: _____
Contract value: \$ _____ *Value of Structure: \$ _____ Year Built: _____

See Roofing Permitting Checklist for all required documents.

TOTAL ROOF SQ. FT _____ REPAIR SQ. FT _____
PERCENTAGE of TOTAL ROOF AREA being repaired _____% (cannot exceed 25% of TOTAL roof area)
Roof Slope ____:____ EXISTING roof covering _____ NEW roof covering _____

*Value: Show proof of insured value of residential structure or a copy of the ad-valorem tax value.
*Roofs: A copy of the roofing material's Miami Dade or Florida Product Approval will be required at permit application.
*Repairs: Provide a roof plan showing the location of the repair and the % of the repair area to total roof area.

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 existing Florida 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:
R905.1.1 Underlayment.
Underlayment for roof slopes 2:12 and greater shall conform to the applicable standards listed in this chapter. Underlayment materials required to comply with ASTM D226, D1970, D4869, D6757, or ASTM D8257, shall bear a label indicating compliance to the standard designation and, if applicable, type classification indicated. Underlayment for roof slopes 2:12 and greater shall be applied and attached in accordance with Section R905.1.1.1 or R905.1.1.2 as applicable.

PERMIT FEES: SCHEDULE A +2.5% STATE SURCHARGE APPLIES. (MIN. \$4.00)
(DUE AT TIME OF SUBMISSION. PERMIT APPLICATIONS WILL NOT BE ACCEPTED WITHOUT PAYMENT)

Applicant's Affirmation

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

Owner: _____

Signature of Owner or *Agent: _____

** (To sign as an Agent for the Owner you must have a Florida Form Power of Attorney signed by the Owner and Notarized with two additional witnesses other than the Notary)*

Date: _____

And / Or (subpermit only)

Contractor: _____

Signature of Contractor: _____

Date: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me

By _____

who is personally known or has produced identification.

Type or identification produced: _____

Notary's Name, Typed, Printed or Stamped _____

Official Signature of Notary Public _____

Notary Seal:



RE-ROOF NAILING AFFIDAVIT

Permit Number: _____

I, _____, licensed as a Roofing, General, Building, Residential Contractor, Engineer, Architect (Circle one)

On or about _____, did personally inspect the roof deck nailing work at:
(Date)

(Address of construction)

Based upon that inspection, I attest that the installation was completed in accordance with the current edition of the Florida Building Code, Existing Buildings, Section 706.7.1 and the applicable product approval.

(Signature)

(License Number)

STATE OF FLORIDA, COUNTY OF INDIAN RIVER

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ___ day of _____, 202__ by

(Name of person acknowledging)

(Notary Seal/Stamp)

Signature of Notary Public

Personally known ___ OR Produced Identification _____

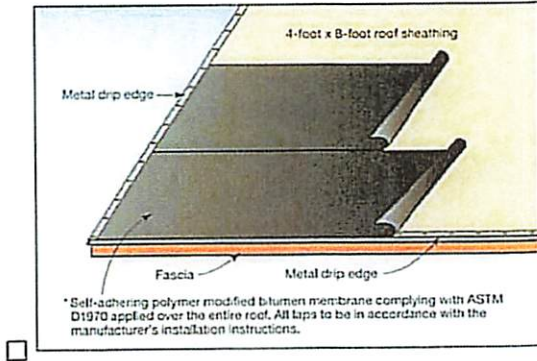
Type of Identification _____

TOWN OF INDIAN RIVER SHORES UNDERLAYMENT SYSTEMS FORM

UNDERLAYMENT:

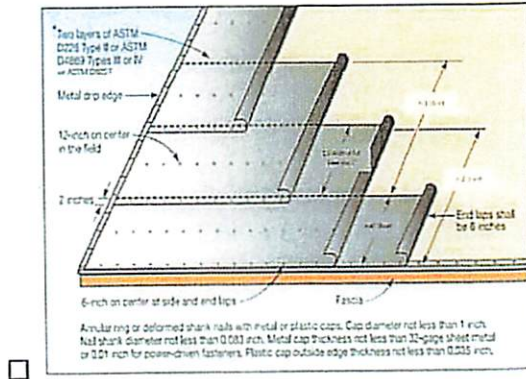
1ST-PLY PRODUCT: _____ SELF-ADHERING MECHANICAL ATTACHMENT
 2ND-PLY PRODUCT: _____ SELF-ADHERING MECHANICAL ATTACHMENT

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.

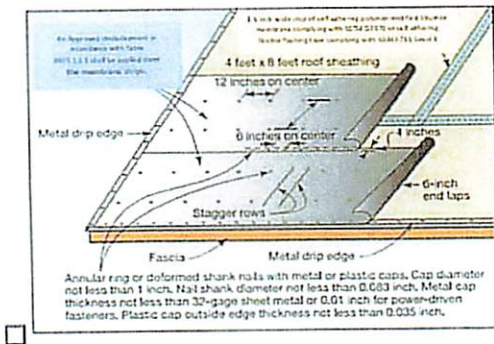
NOTE: The above method is not permitted for wood shingles or shakes



System #2- Apply two layers of felt underlayment complying with ASTM D226 Type II, ASTM D4869 Type III or IV, or ASTM D8257. Apply a strip of underlayment that is half the width of a full sheet parallel to and starting at the eaves. Starting at the eave, apply a full sheet of underlayment, for the second course. Apply the third sheet, overlapping the second course half the width of a full sheet plus 2 inches. Overlap all successive courses half the width of a full sheet plus 1 inch. End laps shall be 6 inches and offset by 6 feet. Where felt underlayment is used it must be 30# or equivalent.

NOTE: Use of ASTM D8257 underlayment is not permitted for wood shingles or shakes.

*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 3 ¼-wide strip of self-adhering polymer-modified bitumen complying with ASTM D1970 or self-adhering flexible flashing tape complying with AAMA 711, Level 3, installed in accordance with the manufacturer's instructions applied over all joints in roof decking. An approved underlayment in accordance with Table R905.1.1.1 for the applicable roof covering shall be applied over the entire roof over the membrane strips. Where felt underlayment is used it must be 30# or equivalent.

**Town of Indian River Shores
Roof Covering Information**

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

SKYLIGHTS: YES NO
(If Yes, complete page 5 with Product Approval Information)

SHINGLE/ SHAKE 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° _____

ROW SPACING : ZONE-1° _____ ZONE-2° _____ ZONE-3° _____

LAP SEALANT REQUIRED : YES NO REFER TO PAGE 1 OF THE APPLICATION FOR APPLICABLE ZONES

LOW SLOPE ROOFING: *For slopes less than 2:12
For One- and Two-Family Dwellings refer to Pressure Sheet on Page 6 for applicable roof pressures.*

System # shown in Miami-Dade N.O.A. or Florida Product Approval _____

MODIFIED BITUMEN THERMOPLASTIC SINGLE-PLY OTHER _____

ANCHOR SHEET: _____ SELF-ADHERING For Mechanical Attachment complete section below

FASTENER: _____

FASTENER SPACING : ZONE-1 _____ ZONE-2 _____ ZONE-3 _____

ROW SPACING : ZONE-1 _____ ZONE-2 _____ ZONE-3 _____

INSULATION : _____ FASTENER : _____

FASTENER SPACING : ZONE-1 _____ ZONE-2 _____ ZONE-3 _____

ROW SPACING : ZONE-1 _____ ZONE-2 _____ ZONE-3 _____

BASE PLY : _____ SELF-ADHERING For Mechanical Attachment complete section below

FASTENER : _____

FASTENER SPACING : ZONE-1 _____ ZONE-2 _____ ZONE-3 _____

ROW SPACING : ZONE-1 _____ ZONE-2 _____ ZONE-3 _____

CAP PLY PRODUCT : _____ ATTACHMENT : _____

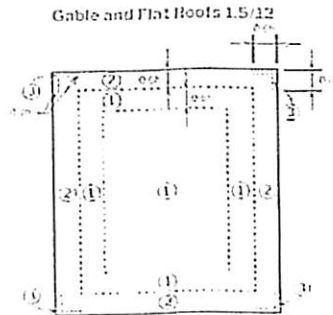


COMPONENTS AND CLADDING WORST CASE DESIGN PRESSURES.

Charts are for 1 & 2 Family Dwellings Only

Component and cladding external pressure coefficients, G_{Cp} , have been revised again in ASCE 7-22 for buildings with gabled and hipped roofs and roof slopes greater than 7° . The changes represent simplifications to the zones on the roofs and lower pressure coefficients for some zones. The external pressure coefficients for flat roofs ($\theta \leq 7^\circ$) are unchanged from ASCE 7-16. For buildings with gable and hip roofs and slopes of $7^\circ < \theta \leq 45^\circ$, the changes include: Simplified log graphs with three zones, All zones truncated at effective wind areas of 10 square feet (ft²), Roof overhang loads determined by summing the roof surface G_{Cp} with the adjacent wall surface G_{Cp}

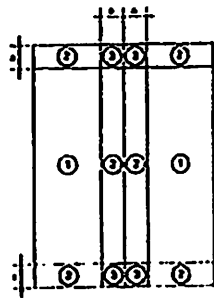
**Gable or Flat Roof 0 to 7 degrees
(0-1½:12 Pitch)**



Roof Slope	Zones	160 Exp. C One Story	160 Exp. C Two Story	160 Exp. D One Story	160 Exp. D Two Story
Roof Slope >0 to 1 ½ :12 1 1/2/12 pitch)	Zone 1, 1' Zone 2 Zone 3	-53.3 -70.4 -95.8	-61.6 -81.4 -110.8	-64.7 -85.5 -116.3	-73.1 -96.5 -131.4

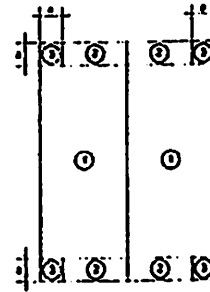
Roof coverings installed on building with a Mean Roof Height of 30' or less Exposures C or D. Table R301.2 [2] altered per R301.2.1.6 of the FBC Residential. One Story max, roof height of 15', Two Story max. roof height of 30 ft. Zone 3 based on Figure R301.2 [7] 160 mph winds east of I 95 per current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

Gable Roofs >7 degrees to 45 degrees (>1½:12 to 12:12)



Gable Roof 1 ½ to 6 ½

a = 4 Feet

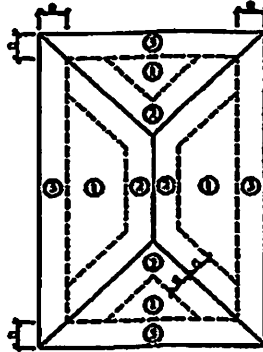


Gable Roof >6 ½ Slope to 12 Slope

Roof Slope	160 Exp. C One Story	160 Exp. C Two Story	160 Exp. D One Story	160 Exp. D Two Story
>1 ½ :12 to 4 ½: 12	-61.7 -81.6 -101.1	-71.4 -94.4 -116.9	-75.0 -99.1 -122.8	-84.7 -111.9 -138.7
>4 ½:12 to 6:12	-47.6 -76.0 -84.7	-55.1 -88.0 -98.0	-57.8 -92.4 -102.9	-65.3 -104.3 -116.2
>6:12 to 12:12	-56.2 -61.8 -72.2	-65.0 -71.4 -83.5	-68.3 -75.0 -87.7	-77.1 -84.7 -99.0

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

Hip Roofs >7 degrees to 45 degrees (>1½:12 to 12:12 Pitch)



a= 4 Feet

Roof Slope	Zones	160 Exp. C	160 Exp. C	160 Exp. D	160 Exp. D
		One Story	Two Story	One Story	Two Story
>1 ½ :12 to 4 ½ :12	Zone 1	-86.2	-85.0	-68.3	-77.1
	Zone 2	-73.1	-84.8	-88.8	-100.3
	Zone 3	-75.7	-87.5	-92.0	-103.8
>4 ½ :12 to 6:12	Zone 1	-44.8	-51.8	-54.4	-61.5
	Zone 2,3	-58.4	-67.5	-70.9	-80.1
>6:12 to 12:12	Zone 1	-47.6	-55.1	-57.8	-65.3
	Zone 2	-56.2	-65.0	-63.3	-77.1
	Zone 3	-68.3	-79.1	-83.0	-93.7

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

NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$5,000.00

PERMIT #: _____ TAX FOLIO #: _____

State of Florida, County of Indian River, the undersigned hereby gives notice that improvement 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.

1. **LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):**

2. **GENERAL DESCRIPTION OF IMPROVEMENT:**

3. **OWNER INFORMATION** or **LESSEE INFORMATION (If Lessee contracted for the improvement)**
 - a. Name: _____
Address: _____
 - b. Interest in property: _____
 - c. Name and address of fee simple title holder (if other than owner): _____
4. **CONTRACTOR:**
 - a. Name: _____
Address: _____
 - b. Phone number: _____
5. **SURETY COMPANY (IF Applicable, a copy of the payment bond is attached):**
 - a. Name & Address: _____
 - b. Phone number: _____ Bond amount: _____
6. **LENDER/MORTGAGE COMPANY:**
 - a. Name & Address: _____
 - b. Phone number: _____
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:**
 - a. Name & Address: _____
 - b. Phone number: _____ fax number: _____
8. **IN ADDITION TO HIMSELF OR HERSELF,**
 - a. Owner designates _____ of _____ to receive a copy of the lienor's notice as provided in section 713.13(1)(b), Florida statutes.
 - b. Phone number: _____
9. **EXPIRATION DATE OF NOTICE OF COMMENCEMENT:** _____
(THE EXPIRATION DATE IS ONE (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 1, 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.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES)

SIGNATURE OF OWNER or LESSEE or OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 20____, BY:

AS _____ FOR _____

NAME OF PERSON TYPE OF AUTHORITY

NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED _____

NOTARY SIGNATURE

NOTARY PRINTED NAME

NOTARY SEAL

REROOF WINDSTORM LOSS MITIGATION CERTIFICATION FLORIDA STATUTE 553.844

The following information is to be provided by roofing contractor on all Single-Family re-roof applications for the purpose of obtaining compliance with recent changes to State Statute and referenced "Hurricane Mitigation Manual" & Current Florida Building Code. Effective date: October 1, 2007 & December 31st, 2023 (8th ed (2023) FBC)

Note: These requirements apply to all Single-Family structures built prior to implementation of the 8th ed (2023) Florida Building Code.

Value: Must show proof of insured value of all Single-Family structures or a copy of the ad-valorem tax value.

All re-roofs regardless of value shall comply with the following:

Re-Nailing: All sheathing and decking shall be re-nailed per 706.7.1 and shall have underlayment per 905.1.1. 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 roof sheathing ring shank nails ASTM F1667 classification RSRS-01, spaced at 6 in. o.c. along framing. (Per 8th Ed. (2023) FBC/Existing 706.7.1)

Indicate below which method is to be used to satisfy the secondary water barrier requirements:
Call out approved product on Product Approval Checklist:

_____ a. Apply a self-adhering polymer modified Bitumen underlayment complying with ASTM D1 970 applied over the entire roof deck. (Allowable for slopes greater than 2:12 and above) - (WIND PRESSURES GREATER THAN 90 PSF FOR TILE WILL REQUIRE PRODUCT APPROVAL & FBC CODE REQUIREMENTS, I.E... BASE PLY, AND UNDERLAYMENT, SEE MFGS SPECS OR FBCR 905.1.1)

OR

_____ b. 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. (Allowable for slopes greater than 2:12 and above)

OR

_____ c. Apply a minimum 4-inch-wide strip of self-adhering polymer-modified bitumen complying with ASTM D1970 or a minimum 3 ¼ 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. (Allowable for slopes greater than 4:12 and above. This System is not allowed for slopes less than 4:12. Use System a or b if slope is less than 4:12)

ALL Single-Family Structures valued at \$300,000 or more *must* have a completed Town of Indian River Shores Reroof Windstorm Loss Mitigation Compliance Affidavit.

- Is the Value of the structure over \$300,000.00? (Check one)
_____ YES _____ NO



REROOF WINDSTORM LOSS MITIGATION COMPLIANCE AFFIDAVIT

To be completed if the value of the building is over \$300,000 and built (using permit issuance date) prior to March 1,2002. Must be completed by a licensed General, Building or Residential Contractor or State of Florida registered Architect or Engineer. For Site Built Single Family Structures.

Description of Work: _____

Job Site Address: _____

License Holder's Name: _____ License No.: _____

Company Name: _____ Phone No.: _____

/, _____ do hereby affirm that the building structure is valued at 300,000 or more and has the following existing roof-to-wall connection which complies with the Windstorm Loss Mitigation requirements as per Florida Statute 553.844.

Check one of the following:

The existing roof-to-wall connections meet the current code requirements for roof-to-wall connections and/or roof-to-foundation load path requirements.

The roof-to-wall connections will be enhanced up to 15% of the cost of the roof replacement using metal connectors, dips, straps, and fasteners to achieve an uplift capacity as specified in Table 2013 of the Hurricane Mitigation Retrofits for Existing Site-built Single Residential Structure Manual.

*The evaluation and installation of the roof-to-wall connections at gable ends or corners cannot be completed for 15% of the cost of the roof replacement.
Roof-to-wall connections shall not be required unless **evaluation and installation** of connections at gable ends, or all corners can be completed for 15 percent of the cost of the roof replacement.*

***Signature: X** _____
Owner

Sworn to and subscribe before me,
by _____ who is
personally known to me or
produced _____ as identification,
this ___ day of _____ 20_____.

Notary Signature: _____

Printed name of Notary _____

Commission No/Exp _____

Affix Seal:

***AND**

***Signature: X** _____
Qualifier, Architect or Engineer

Sworn to and subscribe before me,
by _____ who is
personally known to me or
produced _____ as identification,
this ___ day of _____ 20_____.

Notary Signature: _____

Printed name of Notary _____

Commission No/Exp _____

Affix Seal: