



Resilient Environment Department

BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite #300 • Fort Lauderdale, Florida 33312 • 954-765-4400 • Broward.org/Building

Section 1524 HIGH VELOCITY HURRICANE ZONES – REQUIRED OWNERS NOTIFICATION FOR ROOFING CONSIDERATIONS

§1524.1 **Scope.** 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 initial in the designated space indicates that the item has been explained.

- ☐ **Aesthetics-Workmanship:** *Reserved*
- ☐ **Renailing Wood Decks:** When replacing roofing, the existing wood roof deck may have to be renailed in accordance with the current provisions of Chapter 16 (High-Velocity Hurricane Zones) of the *Florida Building Code, Building*. (The roof deck is usually concealed prior to removing the existing roof system.)
- ☐ **Common Roofs:** *Reserved.*
- ☐ **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. This provides the option of maintaining this appearance.
- ☐ **Ponding Water:** *Reserved.*
- ☐ **Overflow Scuppers (wall outlets):** It is required that rainwater flows off so that the roof is not overloaded from a buildup 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 scuppers in accordance with the requirements of RR4403 and RR4413.

Owner's/Agent's Signature

Date

Contractor's Signature



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

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High-Velocity Hurricane Zone Uniform Permit Application Form

Section A (General Information)

Master Permit No. _____ Process No. _____
Contractor's Name _____
Job Address _____

ROOF CATEGORY

- | | | |
|---|---|--|
| <input type="checkbox"/> Low Slope | <input type="checkbox"/> Mechanically Fastened Tile | <input type="checkbox"/> Mortar/Adhesive Set Tiles |
| <input type="checkbox"/> Asphalt Shingles | <input type="checkbox"/> Metal Panel/Shingles | <input type="checkbox"/> Wood Shingles/Shakes |
| | <input type="checkbox"/> Prescriptive BUR-RAS 150 | |

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 (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.

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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

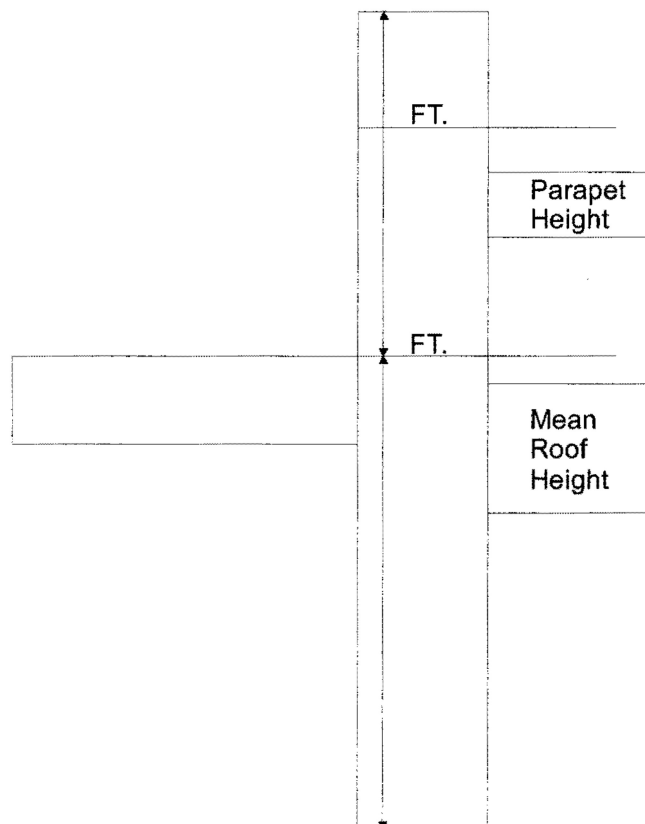
Number of Fasteners Per Insulation Board: _____

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.



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High-Velocity Hurricane Zone Uniform Permit Application Form

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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: _____

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Section E (Tile Calculations)

For Moment-based tile systems, choose either Method 1 or 2. Compare the values for M_r with the values from M_r . If the M_r 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"

(Zone 1: _____ $\times \lambda$ _____ = _____) – Mg: _____ = M_{r1} _____ Product Approval M_r _____
 (Zone 2: _____ $\times \lambda$ _____ = _____) – Mg: _____ = M_{r2} _____ Product Approval M_r _____
 (Zone 3: _____ $\times \lambda$ _____ = _____) – Mg: _____ = M_{r3} _____ Product Approval M_r _____

Method 2 "Simplified Tile Calculations Per Table Below"

Required Moment of Resistance (M_r) From Table Below _____ Product Approval M_r _____

M _r required Moment Resistance*					
Mean Roof Height Roof Slope	15'	20'	25'	30'	40'
2:12	-46	-47.6	-49.4	-50.9	-53.3
3:12	-47.3	-48.9	-50.7	-52.2	-54.6
4:12	-47.2	-52.0	-53.8	-55.3	-57.9
5:12	-39.8	-41.5	-42.8	-43.7	-45.7
6:12	-39.6	-40.6	-41.9	-42.9	-44.8
7:12	-39.4	-40.3	-41.6	-42.6	-44.6

Method 2 may be utilized within Broward County Exposure C only.

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 r _____ = F_{r1} _____ Product Approval F' _____

(Zone 2: _____ x L _____ = _____ x w: = _____) - W: _____ x cos r _____ = F_{r2} _____ Product Approval F' _____

(Zone 3: _____ x L _____ = _____ x w: = _____) - W: _____ x cos r _____ = F_{r3} _____ Product Approval F' _____

Where to Obtain Information		
Description	Symbol	Where to find
Design Pressure	Zones 1, 2, 3	From applicable table in RAS 127 or by an engineering analysis prepared by PE based on ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	θ	Job Site
Aerodynamic Multiplier	λ	Product Approval
Restoring Moment due to Gravity	M_g	Product Approval
Attachment Resistance	M_r	Product Approval
Required Moment Resistance	M_g	Calculated
Minimum Attachment Resistance	F'	Product Approval
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	W	Product Approval
Tile Dimensions	L = length W = width	Product Approval

All calculations must be submitted to the building official at the time of permit application.

MANDATORY COUNTYWIDE ROOFTOP MOUNTED EQUIPMENT AFFIDAVIT

ALL EQUIPMENT THAT IS ROOFTOP MOUNTED IS REQUIRED TO BE IDENTIFIED BY THIS AFFIDAVIT AND SUBMITTED WITH THE HIGH-VELOCITY HURRICANE ZONE UNIFORM ROOFING PERMIT APPLICATION

Permit Number: _____

Site Address: _____

Company Name: _____

Address: _____

Name of Qualifier: _____

License Number: _____ Contact No: _____

PLEASE CHECK ALL APPLICABLE EXISTING ROOFTOP EQUIPMENT:

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> A/C EQUIPMENT | <input type="checkbox"/> PHOTOVOLTAIC PANELS | <input type="checkbox"/> SOLAR THERMAL | <input type="checkbox"/> GAS VENTS |
| <input type="checkbox"/> WATERLINES | <input type="checkbox"/> ELECTRICAL CONDUITS | <input type="checkbox"/> NO EQUIPMENT ON THE ROOF | |

PERMITS ARE REQUIRED FOR:

- REMOVAL AND REINSTALLATION OF PHOTOVOLTAIC PANELS.
- REMOVAL AND REINSTALLATION OF SOLAR THERMAL.
- REMOVAL AND REINSTALLATION OF GAS VENTS.

IF A/C EQUIPMENT IS CHECKED ABOVE:

- IS THERE AN EXISTING CODE-APPROVED CURB OR STAND? ☐ YES ☐ NO

IF YOU ANSWERED NO, A MECHANICAL PERMIT IS REQUIRED FOR THE INSTALLATION OF THE PROPOSED CURB OR STAND.

ANY ROOFTOP EQUIPMENT REMOVED DURING REROOFING, SHALL BE REINSTALLED IN COMPLIANCE WITH THE CODE IN EFFECT AT THE TIME A REROOFING PERMIT IS ISSUED.

NOTE: All above permits may be considered as deferred submittals.

CONTRACTOR/OWNER BUILDER SIGNATURE

DATE

PRINT CONTRACTOR/OWNER BUILDER NAME



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Prescriptive Method: To comply with Section 706.8 Florida Existing Building Code Eighth Edition (2023), Roof- to-wall connections on an existing structure with a sawn lumber, wood plank or wood structural panel roof deck:

Must be completed by: Florida Professional Engineer, Registered Architect, Licensed General Contractor, Building Contractor, Residential Contractor, or persons certified in the structural discipline under FS468 excluding Standard Roofing Inspector and/or Roofing Contractor prior to final building inspection.

Where mandated retrofits are required pursuant to F.B.C. 2023 Eighth Edition Existing Building Section 706.8 and Broward County Amendments, the intersection of roof framing with wall below shall be improved as specified in Table 706.8.1. As an alternative to an engineered design, the prescriptive retrofit solutions provided in Sections 706.8.1.3 through 706.8.1.6 shall be accepted as meeting the mandated roof-to-wall retrofit requirements pending final inspection and after completion of Option 1 or verification of Option 2.

I _____, Contractor/Qualifier do affirm and certify that the Hurricane Mitigation Retrofits installed at _____, meet at least one of the following options (see option 1 or option 2). Please complete appropriate option information.

Option 1 Hurricane Retrofit Mitigation Building Permit Number _____ Metal connectors, clips straps, fasteners were installed under my supervision; and the Mitigation Retrofits are installed in compliance with the prescriptive methods of 706.8.1.3 through 706.8.1.6. Existing anchors were found to have _____ (# of) fasteners and additional fasteners were installed to make a total of _____ per anchor. **Photos are to be provided with this affidavit for verification.**

Additional anchors (Manufacturer and Model No.) _____ were installed using (Quantity, Size & Type) _____ fasteners.

Other methods of retrofit used (describe in detail or attach additional sheets)

OR

Option 2 Existing straps were found to have _____ (# of) _____ type of fasteners and additional fasteners are not required. **Photo documentation shall be provided and a report addressing the contractor/qualifier of inspection and by what method they have inspected, existing metal connectors, clips straps, fasteners, and his findings.**

By his/her signature below, the Contractor/Qualifier does affirm and certify that the above applicable information for Hurricane Mitigation Retrofit for the replacement of roofing system at _____ is true and accurate and this inspection and work was done under his/her direct supervision.

Qualifier's Name (Print) _____ Qualifier's Signature _____
License # _____ Date _____

STATE OF FLORIDA – BROWARD COUNTY

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____ by _____, as,

_____, who is:

☐ Personally, known to me OR ☐ Produced the following type of identification: _____

(NOTARY SEAL)

NOTARY SIGNATURE _____

NOTARY PRINTED NAME _____

NOTE: Structural Misc. Sub-Permit by a CGC, CBC, or CRC required if retrofit is deemed necessary.

Broward County Board of County Commissioners
www.broward.org