

TO: ALL BUILDING DIVISION PERSONNEL

**FROM: DOUG WISE
BUILDING DIVISION DIRECTOR**

PREPARED BY: BUILDING DIVISION

**SUBJECT: REROOFING PERMITS FOR DETACHED SINGLE-FAMILY
DWELLINGS AND THEIR ACCESSORY STRUCTURES**

PPM #: PB-O-131

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ISSUE DATE
May 28, 2019

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EFFECTIVE DATE
April 21, 2021

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PURPOSE:

To provide technical and procedural guidelines for licensed contractors requesting expedited permitting of like-for-like replacement roof covering systems on existing site-built detached single-family dwellings and their accessory structures.

UPDATES:

Future updates to this PPM are the responsibility of the Director of the Building Division, Deputy Building Official, Assistant Deputy Building Official, or Codes Product & Training Supervisor, under the authority of the Director of the Building Division.

AUTHORITY:

- Chapter 7 – Florida Building Code-Existing Building, as may be amended
- Chapter 15 – Florida Building Code-Building, as may be amended
- Chapter 9 – Florida Building Code-Residential, as may be amended
- Chapter 1 – Administration, Palm Beach County Amendments to the Florida Building Code, as may be amended
- Chapter 61G-20 – Florida Rules governing Product Approval, Florida Administrative Code, as may be amended.

POLICY:

Permitting and installation of like-for-like roof covering systems shall comply with the provisions referenced above which are in effect at the time of permit application (i.e., the Florida Building Code, Florida Administrative Code, and Local Administrative Amendments). See also PPM PB-O-086 for inspection procedures. The forms provided herein may only be used for detached single-family reroof installations. See PB-O-094 for all other reroof applications.

PROCEDURE:

The following procedures shall be followed for the submittal, review, and approval of reroof permits involving like-for-like roof coverings on detached single-family dwellings and their accessory structures:

Permitting

Re-Roofing Permit Submittal Requirements

1. The following information shall be provided for all permit applications for re-roofing detached single-family dwellings:
 - a. Two (2) completed copies:
 - i. *Form – Roof Assembly Worksheet* – detailing specific information regarding the project (**Attachment A**);
 - ii. *Form – Expedited Re-Roofing Permit Checklist* – initialed as appropriate for the specific project (**Attachment B**);
Note: If contractor is unable to certify all statements on the Expedited Re-Roofing Permit Checklist, the contractor will have to refer to and follow the provisions of PB-O-094 to obtain a permit.
 - b. Two copies:
State of Florida or Miami-Dade County product approval for proposed roof covering system and/or (FRSA/RAS 118,119,120). **For product approvals containing numerous system descriptions, the specific covering or system description in the approval must be identified.** Specific system limitations must be identified along with general limitations based upon the product approval. Only the pertinent pages of the product approval relevant to the specific system being installed should be submitted.
 - c. Two copies:
Engineered enhanced fastening analysis for base/anchor sheets, when any uplift pressure exceeds maximum uplift pressure in the product approval, and the product approval allows enhanced fastening. **Note:** On one-story detached single-family dwellings and their accessory structures, located in ASCE-7 exposure category B or C, flat roofs not over 400 sq. ft., anchor/base sheet fasteners shall be spaced a maximum 4” on center each within 4 ft. of all perimeter roof edges may be specified when enhanced fastening is authorized by the product approval.
 - d. Fair market value of proposed work on permit application.

Inspections

Refer to PB-O-086 for Inspection procedures and affidavits.



DOUG WISE
BUILDING DIVISION DIRECTOR

Supersession History

1. PPM# PB-O-131, issued 11/19/2018
2. PPM# PB-O-131, issued 5/19
3. PPM# PB-O-131, issued 3/20
4. PPM# PB-O-131, issued 2/21
5. PPM# PB-O-131, issued 4/21



EXPEDITED ROOF WORKSHEET – SFD only

“Like for Like” Replacement ONLY



Address of Structure: _____

Existing Roof Covering: _____

Existing Deck: Plywood Deck, Wood Plank, Other: _____

Re-Roof Type: Tile _____ Shingle _____ Metal _____ Flat _____
(FL/NOA) (FL/NOA) (FL/NOA) (FL/NOA)

Slope ____/12” Gable/ Hip (# of Squares):_____ Flat/Low Slope (Sq. Ft) **:_____

Design Wind Speed: 170V_{ult} mph or per www.atcouncil.org/windspeed/ Exposure Category: C

INSTALLATION Details:

Identify/ Circle the specific Installation methods and Attachment details in all Product Approvals, the FRSA Manual, and applicable Manufacturers’ Specifications.

- Specify System Type, Details, and Pages: _____

UNDERLAYMENT (Asphalt & Metal Shingles, Non-Wood Shake, Metal Panels) choose U/L per R905.1.1

<input type="checkbox"/>	Self-Adhered (Direct to Deck) **NOT an Option for Wood Shake/Shingle**	<input type="checkbox"/>	4” Wide Strip (ASTM D1970) Over all Joints/Seams (Per Table R905.1.1.1)	<input type="checkbox"/>	3 ¾” Wide Strip (AAMA 711) Over all Joints/Seams (Per Table R905.1.1.1)	<input type="checkbox"/>	2 Layers of 30# Felt (ASTM Approved)	<input type="checkbox"/>	2 Layers Synthetic U/L **NOT an Option for Wood Shake/Shingle**
	Self -Adhered (ASTM D1970) Polymer-Modified Bitumen Underlayment Applied directly to entire roof deck		4” Wide Strip of S.A. polymer-modified bitumen membrane per ASTM D1970 applied over all joints with 30# felt on top		3 ¾” Wide Strip of self-adhering flexible flashing tape per AAMA 711 applied over all joints with 30# felt on top		Two layers of ASTM D226 Type II or ASTM D4869 Type III or IV. Layers to be lapped at 19” O.C		Two layers of reinforced synthetic underlayment (Provide FL/NOA). Layer to be lapped by min. half width of rolls.

UNDERLAYMENT (Clay/ Cement TILE) - Attachment per: RAS 118.119.120 FRSA 6th Edition

Note: Roof Tile attachment shall resist the following minimum Uplift Moments (M_u = ft-lbf) for **All** slopes:

GABLE Roof: LPZ 31.2 // HPZ 43.7 **or** **HIP Roof:** LPZ 39.5 // HPZ 47.9

1) Underlayment (Tile) - Florida # FL- _____ Miami-Dade NOA# _____

2) Adhesive (if applicable) - Florida # FL- _____ Miami-Dade NOA# _____

ACCESSORIES (EXISTING Replacement ONLY) - Ridge Vents, Turbines, Skylights, Other: _____

Florida # FL- _____ Miami-Dade NOA# _____

Please post this completed worksheet with all other inspection documents on the jobsite prior to inspection.

Product Approvals/NOA’s referenced above must be on job site during inspection

Roofing Affidavits (if applicable) must be provided at the time of inspection

I certify that all the foregoing information is accurate and all work performed will comply with all applicable codes & standards regulating construction.

QUALIFIER’s Signature/ Print Name

LICENSE #

DATE

**** Flat decks over 400 sf. may be required to provide enhance fastening details from a design professional to the inspector.**



SFD DETACHED REROOFING PERMIT CHECKLIST **INTENDED FOR LICENSED ROOFING CONTRACTORS ONLY**

THIS APPLICATION IS NOT TO BE USED FOR "NEW" CONSTRUCTION

TWO COPIES OF THIS CHECKLIST MUST BE ATTACHED TO THE PERMIT APPLICATION (WITH ORIGINAL SIGNATURES) AND WITH ALL THE REQUIRED DOCUMENTATION AS NOTED BELOW.

Contractor must certify **ALL** the following statements apply by initialing each one:

- _____ This is a detached Single Family Dwelling (SFD) and/or a free-standing residential accessory structure
- _____ This structure was constructed after March 1, 2002, or the structure(s) improved value is < \$300,000
- _____ This project involves one or more complete roof sections (see 2020 FBC Ch.15 definitions)
- _____ This is a 'like for like' replacement. [The roofing dead load is not increased (i.e. shingle to tile)]
- _____ There are no additional skylights being installed

Note: If unable to certify **all** of the above statements as true, this will disqualify the use of this form. Please refer to PB-O-094 and follow the procedure.

If there is any rooftop equipment (existing systems) that must be removed/replaced, please circle the applicable trade(s) and provide Sub-permit Applications.

Electrical Mechanical Plumbing Solar

ADDITIONAL DOCUMENTS REQUIRED

1. Building Permit Application
2. Roof Assembly Worksheet
3. Product Approval Information
4. Product Approval Cover Sheet
5. Product Approval with **Specific System Descriptions circled** (*Identify page # on worksheet*)
6. Product Approval with **Specific System Limitations circled** (*Identify page # on worksheet*)
7. Product Approval, General Limitations of Use
8. FRSA pages (if applicable to Tile installation using FL Approval)
9. Roofing accessory product approvals and plan showing location (Ridge vents, Turbines, Mech stands, etc.)
10. On flat roofs a contractor may propose a worst case fastening of the perimeter (min. 4' from edge) Max 4" O.C. each way. Flat decks over 400 s.f. may be required to provide enhance fastening details from a design professional to the inspector.
11. Other additional data may be required for the integrity of the roofing system to be determined.
12. A fee sub application may be required for work outside the scope of this application.