



EXPEDITED RE-ROOF WORKSHEET – SFD only

“Like for Like” Replacement ONLY

Main House
Accessory Structure

Address of Structure: _____

Existing Roof Covering: Tile _____ Shingle _____ Metal _____ Flat _____

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

Proposed Type: Tile _____ Shingle _____ Metal _____ Flat _____
(Product approval) (Product approval) (Product approval) (Product approval)

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

Design Wind Speed: 170Vult mph or per www.ascehazardtool.org

Exposure Category: C **INSTALLATION Details:**

Identify/Select 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) ASTM D8527 **NOT an Option for Wood Shake/Shingle**	<input type="checkbox"/> 3 ¾” Wide Strip ASTM 1970 OR AAMA 711 Over all Joints/Seams (Per Table R905.1.1.1)	<input type="checkbox"/> 2 Layers of 30# Felt (ASTM Approved) OR
<input type="checkbox"/> Self-Adhered (ASTM D1970) Polymer-Modified Bitumen Underlayment Applied directly to entire roof deck	<input type="checkbox"/> 3 ¾” Wide Strip of self-adhering flexible flashing tape per AAMA 711 Level 3 applied over all joints with 30# felt on top	<input type="checkbox"/> Two layers of ASTM D226 Type II or ASTM D4869 Type III, Type IV. Layers to be lapped Per FBC R905.1.1.1 B1507.1.1

UNDERLAYMENT (Clay/ Cement TILE) - Attachment per: ☐ Product Approval ☐ FRSA 7th ☐ Engineers Design Attached

- 1) Underlayment (Tile) – Product Approval _____
- 2) Adhesive (if applicable) – Product Approval _____
- 3) Roof covering - Product Approval / NOA _____

DESIGN CRITERIA

- 1) Indicate required wind pressures from supplied chart
- 2) Indicate wind pressures from proposed system _____ (This must be >/= to above)

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

Product Approval _____

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

Product Approvals listed above must be on job site during inspection

☐ I certify that all the foregoing information is accurate and all work performed will comply with all applicable codes & standards regulating construction. **Acceptance of this form shall not relieve the applicant from full responsibility to comply with all applicable codes.**

QUALIFIER’s Signature

Print Name

LICENSE #

DATE

**** Flat decks over 400 sf. must include enhance fastening details from a design professional.**



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

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

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 January 1, 1987, or the structure(s) improved value is < \$300,000.
- _____ This project involves one or more complete roof *sections* (see Ch.2-Definitions, Florida Residential Code).
- _____ This is a 'like for like' only replacement.
- _____ There are no additional skylights being installed.
- _____ There are no solar panels 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 select the applicable trade(s) and provide Sub-permit Applications.

Electrical Mechanical Plumbing

ADDITIONAL DOCUMENTS REQUIRED

1. Re-Roof Worksheet
2. Complete Product Approval Information Including Cover Pages
3. Product Approval with **Specific System Descriptions circled (Identify page # on worksheet)**
4. FRSA pages [if applicable to Tile product using Florida Product Approval (FL-)]
5. Roofing accessory product approvals and plan showing location (Ridge Vents, Turbines, Mech. stands, etc.)
6. 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 enhanced fastening details from a design professional to the inspector.
7. Other additional data may be required for the integrity of the roofing system to be determined.
8. A fee sub-permit application may be required for work outside the scope of this application.



**DESIGN PRESSURES FOR UNDERLAYMENT AND RIDGE ATTACHMENT REQUIRED FOR CATEGORY II
BUILDINGS HAVING A 3:12 AND GREATER PITCH PER ASCE 7-22 (psf)**

**Table 1-G
Gable Roof**

ROOF EXPOSURE	ROOF ZONES	MEAN ROOF HEIGHT	170 DESIGN PRESSURE (psf)
EXP B	ALL	0-15	95.1
		20	95.1
		30	95.1
		40	100.5
		50	107.3
		60	112.7
EXP C	ALL	0-15	115.5
		20	122.3
		30	133.1
		40	141.3
		50	148.1
		60	153.5
EXP D	ALL	0-15	139.9
		20	146.7
		30	157.6
		40	165.7
		50	172.5
		60	177.9

**Table1-H
Hip Roof**

ROOF EXPOSURE	ROOF ZONES	MEAN ROOF HEIGHT	170 DESIGN PRESSURE (psf)
EXP B	ALL	0-15	68.7
		20	68.7
		30	68.7
		40	72.6
		50	77.5
		60	81.4
EXP C	ALL	0-15	83.4
		20	88.3
		30	96.1
		40	102.0
		50	106.9
		60	110.9
EXP D	ALL	0-15	101.0
		20	106.0
		30	113.8
		40	119.7
		50	124.6
		60	128.5

Notes:

1. The pressures (psf) in the above table are indicative of the required design uplift pressure based upon less than 4.5: 12 for roof zone 3.
2. The roofing professional has the option to review and determine alternative methods that would reflect the full calculation options of ASCE 7-22 that might provide lower uplift resistance values in certain areas.
3. For actual uplift resistance values for Foam Adhesives or Mortar installations, please see the Adhesive manufacturer's formal product approvals for additional information.



TABLE 2 GC

Gable Roof – ASCE 7-22

Exposure C – Tile Factor = 1.407 ft³

Roof Slopes	Mean Roof Height (ft.)	Roof ones	170
			Ma (ft-lbf)
Less than 4.5:12	0-15	LP	39.3
		HP	48.8
	20	LP	41.6
		HP	51.7
	30	LP	45.3
		HP	56.3
	40	LP	48.1
		HP	59.8
	50	LP	50.4
		HP	62.6
	60	LP	52.2
		HP	64.9
4.5: 12 to less than 6:12	0-15	LP	37.2
		HP	42.5
	20	LP	39.4
		HP	45.0
	30	LP	42.8
		HP	49.0
	40	LP	45.5
		HP	52.0
	50	LP	47.7
		HP	54.5
	60	LP	49.4
		HP	56.5
6:12 to 12:12	0-15	LP	31.9
		HP	37.2
	20	LP	33.7
		HP	39.4
	30	LP	36.7
		HP	42.8
	40	LP	39
		HP	45.5
	50	LP	40.8
		HP	47.7
	60	LP	42.3
		HPZ	49.4

TABLE 2 HC

Hip Roof – ASCE 7-22

Exposure C – Tile Factor = 1.407 ft³

Roof Slopes	Mean Roof Height (ft.)	Roof ones	170
			Ma (ft-lbf)
Less than 4.5:12	0-15	LP	36.1
		HP	38.2
	20	LP	38.2
		HP	40.5
	30	LP	41.6
		HP	44.1
	40	LP	44.2
		HP	46.8
	50	LP	46.3
		HP	49.0
	60	LP	48.0
		HP	50.8
4.5: 12 to less than 6:12	0-15	LP	31.9
		HP	31.9
	20	LP	33.7
		HP	33.7
	30	LP	36.7
		HP	36.7
	40	LP	39.0
		HP	39.0
	50	LP	40.8
		HP	40.8
	60	LP	42.3
		HP	42.3
6:12 to 12:12	0-15	LP	29.7
		HP	36.1
	20	LP	31.5
		HP	38.2
	30	LP	34.3
		HP	41.6
	40	LP	36.4
		HP	44.2
	50	LP	38.1
		HP	46.3
	60	LP	39.5
		HPZ	48.0

LPZ - Low Pressure Zones 2 for Hip Roofs

HPZ - High Pressure Zones 3 for Hip Roofs

h/B ≤ 0.80 values used where applicable (most conservative)