



# FORM 100 - REROOFING INSTALLATION SUMMARY FORM

## ASPHALT SHINGLES or WOOD SHAKES/SHINGLES

SITE ADDRESS: \_\_\_\_\_ ☐ Main House or Duplex  
☐ Accessory Structure (Detached Garage, Shed, etc.)

Sloped Roof Pitch: \_\_\_\_\_ / 12      Mean Roof Height: \_\_\_\_\_ Ft      Sloped Roof Area (SQRs): \_\_\_\_\_

☐ **AERIAL DEPICTION** of Structure is included (per Google Earth, Pictometry, EagleView, etc.)

**\*\*SUPPLEMENTAL Details and Information (Identify all items related to the site-specific conditions)**

- ☐ MANDATED RETROFITS- Existing Wood decks, include **Mandated Roof-to-Wall Connection Retrofit** Form
- ☐ Tie-In Detail (Required) ☐ Repair (<25% ROOF AREA-(PER 1511.1.1 FBC 2023)
- ☐ Re-nailing of plywood deck is not required if structure was built or reroofed after 5/1/1999.  
If so, provide permit number \_\_\_\_\_
- ☐ Sheath-over (ENGINEERING DETAILS ATTACHED)
- ☐ Re-cover (ONE ADDITIONAL LAYER ONLY/ MUST BE ALLOWED BY PRODUCT APPROVAL)
- ☐ Skylights/ Vents/ etc. (REPLACEMENT ONLY) Provide Product Approval # \_\_\_\_\_ (ATTACHED)
- ☐ FLAT Roof Deck portion included in Reroofing Scope (PROVIDE FORM 400-FLAT ROOF)

**UNDERLAYMENT Method & Material (Select one):** ☐ Product approval # \_\_\_\_\_ (ATTACHED)

A	B	C
<input type="checkbox"/> Self-Adhered (Direct to Deck) <b>**NOT an Option for Wood Shake/Shingle**</b>	<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) OR
Self-Adhered (ASTM D1970) Polymer-Modified Bitumen Underlayment applied directly to <u>entire roof deck</u>	3¾" Wide Strip of self-adhering flexible flashing tape per AAMA 711  Level 3 applied over all joints with 30# felt on top	Two layers of ASTM D226 Type II or ASTM D4869 Type III, Type IV. Layers to be lapped <b>Per FBC R905.1.1.1 B1507.1.1</b>

### PRODUCT Specifications:

Manufacturer	Product Name	Material Type	Product Approval #

**Applicant's Affidavit: I hereby certify that I have read the material on all pages of this document and have FULLY provided ALL the information requested.**

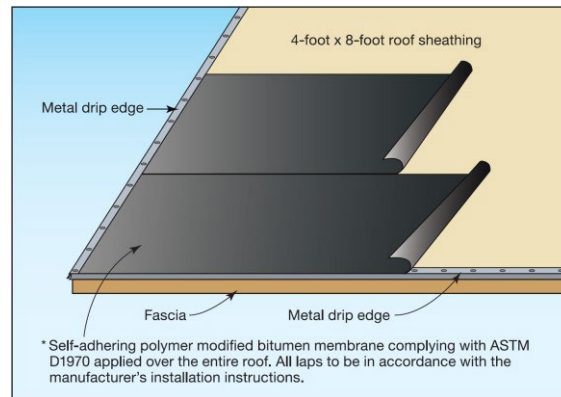
\_\_\_\_\_  
Qualifier Name

\_\_\_\_\_  
Qualifier Signature

\_\_\_\_\_  
Date



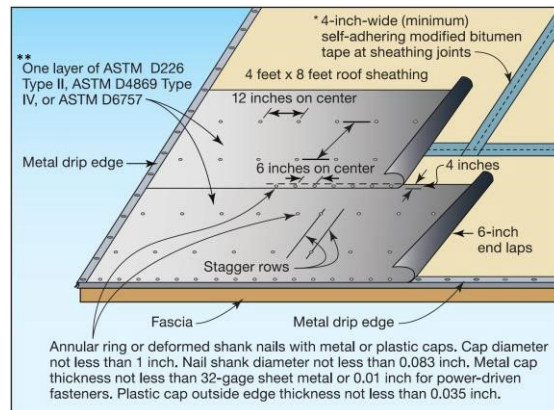
## (Underlayment Options (SELECT One))



Source: FEMA Hurricane Michael in Florida Recovery Advisory 2

### Underlayment Roof Deck Option A

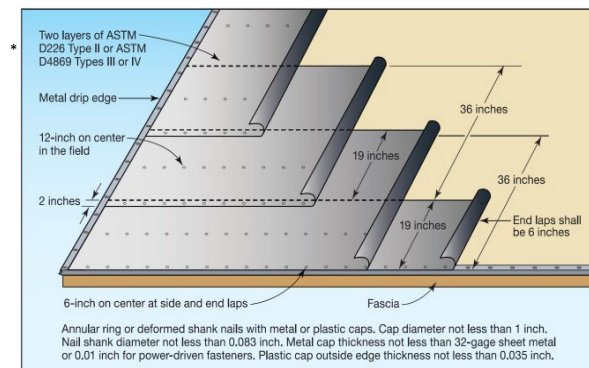
[NOTE: A is NOT an Option for Wood Shake/Shingle]



Source: FEMA Hurricane Michael in Florida Recovery Advisory 2

\*3 ¾ inch AAMA 711 flashing tape is also permitted.

### Underlayment Roof Deck Option B



Source: FEMA Hurricane Michael in Florida Recovery Advisory 2

### Underlayment Roof deck Option C



# Mandated Retrofits of Roof-to-Wall Connection

**THIS FORM MUST BE FILLED OUT AND INCLUDED WITH ALL RE-ROOFING APPLICATIONS FOR EXISTING STRUCTURES WITH WOOD ROOF DECKS.**

**Address:** \_\_\_\_\_

Main House or Duplex  
Accessory Structure (Detached  
Garage, Shed, etc.)

For the purpose of this document, "Sections" as cited below are from the Florida Building Code-Existing Building, 8<sup>TH</sup> Edition (2023) Section 706.8, unless otherwise noted.

**When the roof covering on an existing structure with a wood roof deck is removed and replaced...the structure shall be evaluated for mandated retrofits of the roof-to-wall connections in accordance with Section 706.8.**

**1. Was permit for the original construction of the building applied for on or after January 1, 1987?**

- ☐ **Yes** – The application date was on or after January 1, 1987  
*\*\* Proceed to signature and permit submittal. (Attach documentation verifying the application date)*
- ☐ **No** – The application date was prior to January 1, 1987.  
*\*\* Continue with questions and details below.*

**2. Applicant must provide one of the following to document the value of the building.**

- ☐ Copy of current home insurance summary sheet.
- ☐ Copy of the latest Tax Bill or Property Appraiser Valuation for the structure (the *Appraised Improvement Value* determines the threshold amount).

**3. Based on the documentation provided, is the value of the Building \$300,000 or more?**

- ☐ **No** - Building is valued at less than \$300,000  
*\*\* Proceed to signature and permit submittal.*
- ☐ **Yes** - Building valuation exceeds \$300,000  
*\*\* Enhanced Roof-to-Wall connections are required unless meeting one of the following exceptions:*
- ☐ **Exception 1:** Cost of "evaluation and roof-to-wall connections" at gable ends or **all** corners will exceed 15% of the cost of the roof replacement (attach professional estimate by a Florida Licensed General or Building Contractor).
- ☐ **Exception 2:** Analysis submitted by FL Design Professional validates the existing roof-to-wall load path connections are compliant for the applicable wind loads in Table 706.8.1.

**COMPLIANCE Options to Complete Mandated Retrofits** (Identify one)

- ☐ **Prescriptive Retrofit Procedures.**
- Roof-to-wall connections will be enhanced using the prescriptive measures in Sections 706.8.1.3 – 7.
  - Priority of work shall be determined by Section 706.8.1.7.
  - Details provided on page 2
- ☐ **Professional Design**
- Provide engineered design plan, and identify details on page 2

If enhanced roof to wall connections are required, the following page (Connection Details) must also be completed and submitted along with a roof plan of the building, including span distances and gable/ hip locations identified. Plan should indicate areas to be retrofitted, connectors to be used, and fastener requirements. Please include product approvals for all the connectors specified.

\_\_\_\_\_  
Qualifier or Owner/Builder Name (Print)

\_\_\_\_\_  
Qualifier or Owner/Builder Signature

\_\_\_\_\_  
Date



# Roof to Wall Mandated Retrofits (Cont.)

## MANDATED RETROFIT CONNECTION DETAILS

### Exterior Wall Construction:

- ☐ Wood  
☐ CBS  
☐ Other explain: \_\_\_\_\_

### Roof Geometry:

- ☐ Gable  
☐ Hip  
☐ Flat  
☐ Other explain: \_\_\_\_\_

### Existing Anchors

Identify existing straps/anchors and fasteners (quantity & size) at areas proposed for retrofit.

Strap/Anchor: \_\_\_\_\_ Fasteners: \_\_\_\_\_

Determine if *Existing Straps* were manufactured and rated for four (4) fasteners at each end.

- ☐ YES - *Existing Straps* were *manufactured and rated* for four (4) fasteners at each end  
○ Specify additional fastener size and quantity: \_\_\_\_\_

**NOTE:** A Roofing Contractor (CCC) may install the additional fasteners to the existing straps – Details shall be included in primary Reroof permit scope of work.

- ☐ NO - *Existing Straps* were not *manufactured and rated* for four (4) fasteners at each end  
○ Retrofit straps/anchors shall be added and installed (CGC, CBC or CRC required)

**NOTE:** Installation of new straps/ anchors is outside the scope of a Roofing Contractor (CCC), and requires an appropriately licensed *building* Contractor (CGC, CBC or CRC).

### Retrofit Straps/ Anchors (Minimum uplift capacity of 500 pounds each, unless designed by FL P.E.)

**“B” Subpermit (“Mandated Retrofits, GC required”)** shall be added to the primary Reroof permit.

Manufacturer: \_\_\_\_\_

Type/ Model: \_\_\_\_\_

Fasteners: \_\_\_\_\_  
(Nails, Screws, Bolts / Size / Quantity / Minimum Embedment / Spacing / etc.)

\_\_\_\_\_  
Qualifier or Owner/Builder Name (Print)

\_\_\_\_\_  
Qualifier or Owner/Builder Signature

\_\_\_\_\_  
Date