FORM 300 - REROOFING INSTALLATION SUMMARY FORM

METAL ROOFING

SITE ADDRESS:	M	ain House or D cessory Structu	uplex Jre (Detached Gara	age, Shed, etc.)
Sloped Roof Pitch: / 12	Mean Roof Height:	Ft S I	oped Roof Area (S	QRs):
AERIAL DEPICTION of Structure is inclu	ıded (per Google Earth, Pic	tometry, Eagle-\	/iew, etc.)	
DESIGN WIND UPLIFT Pressure:	(psf.)			
**SUPPLEMENTAL Details and Information of the second secon	ation (Identify all items rela	ted to the site-s	pecific conditions)	
MANDATED RETROFITS- Existing	Wood decks, include Ma ı	ndated Roof-to	-Wall Connection	Retrofit Form
Tie-In Detail (REQUIRED) Re-nailing of plywood deck is not If so, provide permit number	required if structure was	built or reroof	ed after 5/1/1999.	
Skylights/ Vents/ etc. (REPLACEMENT	ONLY) Provide Product	Approval #		(ATTACHED)
FLAT Roof Deck portion included i	n Reroofing Scope (PROVID	E FORM 400-FLAT R	DOF)	
Repair (<25% ROOF AREA-PER 1511.1.1 FBC	2023)			
UNDERLAYMENT Method & Material	(Select one Method):	Product A	pproval #	(ATTACHED)
<u>A</u>	<u>B</u>		<u>C</u>	
Self-Adhered	3 ¾" Wide Str	in	2 Lavers of	f 30# Folt

	<u>—</u>	
Self-Adhered	<u>3 ¾" Wide Strip</u>	<u>2 Layers of 30# Felt</u>
(Direct to Deck)	(<u>AAMA 711</u>)	(ASTM Approved)
**NOT an Option for Wood	Over all Joints/Seams (Per Table	OR
Shake/Shingle**	R905.1.1.1)	
Self –Adhered	3¾" Wide Strip of self-adhering flexible	Two layers of ASTM D226 Type II or
(ASTM D1970)	flashing tape per AAMA 711	ASTM D4869 Type III, Type IV.
Polymer-Modified		Layers to be lapped
Bitumen Underlayment	Level 3 applied over all joints with 30# felt	Per FBC 2023 R905.1.1.1, B1507.1.1
Applied directly to entire roof deck	on top	

METAL PANEL SPECIFICATIONS:

Manufacturer	Product Name	Panel Type	Product Approval #

METAL PANEL ATTACHMENT: (Attachment details SHALL be Identified/Circled in Product Approval)

Max. Allowed Pressure (Product Approval)	FASTENER Type	FASTENER/CLIP Spacing
(psf)	7 Clips* Screws (size & quantity):	(inches)

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)







Figure 1Delete ASTM D6757

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

**Synthetic underlayment meeting the performance requirements specified in Option E may also be used.

Underlayment Roof Deck Option **B**



*Synthetic underlayment meeting the performance requirements specified in Option E may also be used. Underlayment Roof Deck Option C



SIMPLIFIED ROOF UPLIFT CHART FOR ROOFING APPLICATIONS

This simplified chart represents the worse-case wind pressures for the various roof slopes and heights. This chart is based on a Tributary Area = 10 SF which is required for roofing applications. If the roof height is less than 30 feet, but not exactly 15, 20, or 25 feet, you will need to go to the next higher roof height. If your roof is higher than 30 feet, these charts do not apply. Refer to Roof Chart Diagrams on Page 1 for Roof Zone Locations.

$\underline{\text{MEAN ROOF HEIGHT} = 15 \text{ FEET}}$								
	_	Gable Roof			Hip Roof			
Flat	Roof	1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51	to 4:12	4.1 to 6:12
Positive*	15.4/38.0	Posi	tive 25	Positive 25	Positive 34.7	Positi	Positive 28.3 Po	
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-60.5	1	-70.1	-54	-63.7	1	-63.7	-50.8
2	-79.8	2	-92	-86.2	-70	2	-83	-70.1
3	-109	3	-121	-102	-86	3	-89.4	-70.1
				MEAN ROOF HEI	<u>GHT = 20 FEET</u>			
	D 0			Gable Roof		Hip Roof		
Flat	Roof	1.51	to 4:12	4.1 to 6:12	6.1 to 12:12	1.51	1.51 to 4:12 4.1 to 6:12	
Positive*	16.4/40.3	Positi	we 27	Positive 27	Positive 36.9	Positi	ve 30.1	Positive 30.1
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-64.2	1	-74.5	-57.4	-67.7	1	-67.6	-54
2	-84.8	2	-97	-91.5	-74	2	-88.1	-74.5
3	-116	3	-129	-108	-91	3	-95	-74.5
				MEAN ROOF HEI	GHT = 25 FEET			
EL.4	Deef		Gable Roof				Hip Roof	
Flat	KOOI	1.51	to 4:12	4.1 to 6:12	6.1 to 12:12	1.51	1.51 to 4:12 4.1 to 6:12	
Positive*	17.2/42.3	Positi	ve 28	Positive 28	Positive 38.7	Positi	Positive 31.5 Positive 31.5	
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-67.3	1	-78.1	-60.2	-70.9	1	-70.9	-56
2	-88.8	2	-102	-96	-77	2	-92.4	-78.1
3	-121	3	-135	-113	-95	3	-99.6	-78.1
				MEAN ROOF HEI	<u>GHT = 30 FEET</u>			
	D. G			Gable Roof		Hip Roof		
Flat	Roof	1.51	to 4:12	4.1 to 6:12	6.1 to 12:12	1.51 to 4:12 4.1 to 6:12		4.1 to 6:12
Positive*	17.9/43.9	Positi	we 29	Positive 29	Positive 40.2	Positi	Positive 32.8 Positive 32.8	
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-70	1	-81.1	-62.6	-73.7	1	-73.7	-58.8
2	-92.3	2	-107	-99.8	-81	2	-96	-81.1
3	-126	3	-141	-118	-91	3	-103	-81.1
*If Parapet >= 3Ft occurs around entire building use the same Zone 2 pressure for Zone 3 and use the higher positive pressure shown.								



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, 8TH 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 perr □ Yes - ** Prc □ No - ** Co	nit for the ori The application The application The application Thu ap	iginal construction date was on conture and permits on date was prior date was prior date and details	on of the building applied for on or a r after January 1, 1987 <i>ubmittal.</i> (Attach documentation verifyir to January 1, 1987. ils below.	fter <u>January 1, 1987</u> ?
2. Applican Copy Copy Value	t must provid of current hor of the latest T determines t	de one of the fol me insurance sun ⁻ ax Bill or Propert he threshold amo	lowing to document the value of the nmary sheet. y Appraiser Valuation for the structure (unt).	building . (the <i>Appraised Improvement</i>
3. Based or ☐ No - <i>** Pro</i> ☐ Yes - <i>** Ent</i>	the docume Building is ceed to signa Building va banced Roof-t	entation provide valued at less tha ture and permit s luation exceeds \$ o-Wall connection	d, is the value of the Buildin<u>g \$300,00</u> in \$300,000 <i>ubmittal</i>. 300,000 is are <u>required</u> <u>unless meeting one of t</u>	00 or more?
□ E □ E	xception 1: xception 2:	Cost of "evalua exceed 15% of Florida License Analysis submi load path conne	tion and roof-to-wall connections" at ga the cost of the roof replacement (attack d General or Building Contractor). tted by FL Design Professional validate ections are compliant for the applicable	ble ends or all corners will n professional estimate by a s the existing roof-to-wall wind loads in Table 706.8.1.
COMPLIANC	E Options to riptive Retro coof-to-wall co riority of work retails provide ssional Desig rovide engine	Complete Mand fit Procedures. nnections will be shall be determin d on page 2 gn ered design plan	ated Retrofits (Identify one) enhanced using the prescriptive measu ned by Section 706.8.1.7. and identify details on page 2	ures in Sections 706.8.1.3 – 7.
If enhanc completed locations requireme	ed roof to wal d and submitte identified. Pla ents. Please ir	l connections are ed along with a ro n should indicate nclude product ap	required, the following page (Connection of plan of the building, including span of areas to be retrofitted, connectors to be provals for all the connectors specified.	on Details) must also be listances and gable/ hip e used, and fastener
Qualifier or O	wner/Builder I	Name (Print)	Qualifier or Owner/Builder Signature	Date



Roof to Wall Mandated Retrofits (Cont.)

MANDATED RETROFIT CONNECTION DETAILS

Exterior Wall Construction:

\Box Wood

□ 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