



FORM 400 - REROOFING INSTALLATION SUMMARY FORM-FLAT ROOFING

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

EXISTING Flat Roof System: _____ Roof Area (SQRs): _____ Roof Height: _____ (ft)

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

DESIGN WIND UPLIFT Pressure: *Field (Zone 1): _____ (psf) *Perimeter/Corner (Zones 2,3): _____ (psf)

TESTS/ REPORTS/ CALCUATIONS

- ☐ Roof Moisture Survey and Report-REQUIRED when **Re-Covering or Partial Re-roof** (PREPARED BY AN APPROVED TESTING AGENCY)
- ☐ Pull-Test (PERFORMED BY AN APPROVED TESTING AGENCY)
- ☐ Enhanced Fastening Specifications (FL ENGINEER, ARCHITECT or ROOFING CONSULTANT- ONLY IF allowed in product approval)

EXCEPTION: Flat roofs not over 400 ft², maximum 4" on center each way fastening of tin-tagged base sheets within 4 ft. of roof edges may be specified by the contractor or owner-builder.

**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)
- ☐ Re-nailing of plywood deck is not required if structure was built or reroofed after 5/1/1999.
If so, provide permit number _____
- ☐ Recover/ Roof-over (ALL MATERIALS AND COMPONENTS MUST BE COMPATIBLE WITH EXISTING MATERIALS)
- ☐ Skylights/ Vents/ etc. (REPLACEMENT ONLY) Provide Product Approval # _____ (ATTACHED)
- ☐ Sheath-Over (ENGINEERING DETAILS ATTACHED)
- ☐ Repair (<25% ROOF AREA-PER 1511.1.1 FBC 2023)

FLAT ROOF SYSTEM Specifications:

☐ BUILT-UP ROOF System/MODIFIED Bitumen System

- A. Design Uplift Pressure (FROM ATTACHED CHART): _____
- B. Max Allowable Uplift Pressure (PER Product Approval #): _____ (If A>B: See Enhanced Fastening Requirements Above)
- C. Product Approval # with Design pressures) Number: _____
- D. System & Components (Identify in Product Approval or Provide Additional Specifications):
(i.e.: Insulation Layers/ Cover Board/ Ply Sheets/ Cap Sheet/ Other)

☐ SINGLE-Ply System

- A. Design Pressure (SEE ATTACHED CHART): _____
- B. Max Allowable Pressure (PER Product Approval): _____ (If A>B: See Enhanced Nailing Requirements Above)
- C. Product Approval with Design pressures) # Number: _____
- D. System # (Identify in Product Approval): _____
- E. Insulation Layer(s): _____
- F. Cover Board: _____
- G. Other: _____

ROOF COATING – Product Approval #: _____ System: _____

- ☐ Existing Roof Assembly: _____
- ☐ Proof of Material Compatibility: _____

* Affidavit: I hereby certify that I have read the material on this document and have FULLY provided ALL information requested.

Qualifier Name

Qualifier Signature

Date



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.

MEAN ROOF HEIGHT = 15 FEET

Flat Roof		Gable Roof			Hip 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	Positive 25		Positive 34.7	Positive 28.3		Positive 28.3
Zone		Zone	Roof	Roof	Zone	Roof	Roof
1	-60.5	1	-70.1	-54	1	-63.7	-50.8
2	-79.8	2	-92	-86.2	2	-83	-70.1
3	-109	3	-121	-102	3	-89.4	-70.1

MEAN ROOF HEIGHT = 20 FEET

Flat Roof		Gable Roof			Hip 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*	16.4/40.3	Positive 27		Positive 36.9	Positive 30.1		Positive 30.1
Zone		Zone	Roof	Roof	Zone	Roof	Roof
1	-64.2	1	-74.5	-57.4	1	-67.6	-54
2	-84.8	2	-97	-91.5	2	-88.1	-74.5
3	-116	3	-129	-108	3	-95	-74.5

MEAN ROOF HEIGHT = 25 FEET

Flat Roof		Gable Roof			Hip 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*	17.2/42.3	Positive 28		Positive 38.7	Positive 31.5		Positive 31.5
Zone		Zone	Roof	Roof	Zone	Roof	Roof
1	-67.3	1	-78.1	-60.2	1	-70.9	-56
2	-88.8	2	-102	-96	2	-92.4	-78.1
3	-121	3	-135	-113	3	-99.6	-78.1

MEAN ROOF HEIGHT = 30 FEET

Flat Roof		Gable Roof			Hip 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*	17.9/43.9	Positive 29		Positive 40.2	Positive 32.8		Positive 32.8
Zone		Zone	Roof	Roof	Zone	Roof	Roof
1	-70	1	-81.1	-62.6	1	-73.7	-58.8
2	-92.3	2	-107	-99.8	2	-96	-81.1
3	-126	3	-141	-118	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 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