

VILLAGE OF KEY BISCAYNE

REQUIRED OWNERS NOTIFICATION FOR ROOFING CONSIDERATIONS

It is the responsibility of the roofing contractor to provide the owner with the required roofing permit, and to explain to the owner the content of this form. The owner's initials in the designated space indicates that the item has been explained.

___ 1. Aesthetics-workmanship: The workmanship provisions of Chapter 15 (High Velocity Hurricane Zone) are for the purpose of providing that the roofing system meets the wind resistance and water intrusion performance standards. Aesthetics (appearance) are not a consideration with respect to workmanship provisions. Aesthetic issues such as color or architectural appearance, that are not part of a zoning code, should be addressed as part of the agreement between the owner and the contractor.

___ 2. Renailing wood decks: When replacing roofing, the existing wood roof deck may have to be renailed in accordance with the current provisions of Chapter 16 (High Velocity Hurricane Zones) of the Florida Building Code. (The roof deck is usually concealed prior to removing the existing roof system).

___ 3. Common roofs: Common roofs are those which have no visible delineation between neighboring units (i.e. townhouses, condominiums, etc.). In buildings with common roofs, the roofing contractor and/or owner should notify the occupants of adjacent units of roofing work to be performed.

___ 4. Exposed ceilings: Exposed, open beam ceilings are where the underside of the roof decking can be viewed from below. The owner may wish to maintain the architectural appearance; therefore, roofing nail penetrations of the underside of the decking may not be acceptable. The owner provides the option of maintaining this appearance.

___ 5. Ponding water: The current roof system and/or deck of the building may not drain well and may cause water to pond (accumulate) in low-lying areas of the roof. Ponding can be an indication of structural distress and may require the review of a professional structural engineer. Ponding may shorten the life expectancy and performance of the new roofing system. Ponding conditions may not be evident until the original roofing system is removed. Ponding conditions should be corrected.

___ 6. Overflow scuppers (wall outlets): It is required that rainwater flow off so that the roof is not overloaded from a buildup of water. Perimeter/edge walls or other roof extensions may block this discharge if overflow scuppers (wall outlets) are not provided. It may be necessary to install overflow scuppers in accordance with the requirements of: Chapter 15 and 16 herein and the Florida Building Code, Plumbing.

___ 7. Ventilation: Most roof structures should have some ability to vent natural airflow through the interior of the structural assembly (the building itself). The existing amount of attic ventilation shall not be reduced.

___ 8. Existing Solar Systems: The re-installation of an existing roof mounted photovoltaic system requires a separate permit. Permit must be obtained in order to finalize the roofing permit.

Owner's/Agent's signature

Date

Contractor's signature

Permit number

Property Address

State

ZIP

Florida Building Code 8th Edition (2023)

High Velocity Hurricane Zone Uniform Roofing Application Form for Miami-Dade County

INSTRUCTION PAGE

**COMPLETE THE NECESSARY SECTIONS OF THE UNIFORM ROOFING PERMIT APPLICATION FORM AND
ATTACH THE REQUIRED DOCUMENTS BELOW:**

Roof System	Required Sections of the Permit Application Form	Attachments Required See List Below
Low Slope Application	A,B,C	1,2,3,4,5,6,7
Asphaltic Shingles	A,B,D	1,2,4,5,6,7
Concrete or Clay Tile	A,B,D,E	1,2,3,4,5,6,7
Metal Roofs	A,B,D	1,2,3,4,5,6,7
Wood Shingles and Shakes	A,B,D	1,2,4,5,6,7
Other	As Applicable	1,2,3,4,5,6,7

ATTACHMENTS REQUIRED:

1.	Fire Directory Listing Page
2.	From Product Approval: Front Page Specific System Description Specific System Limitations General Limitations Applicable Detail Drawings
3.	Design calculations per Chapter 16, or if applicable, RAS 127 or RAS 128
4.	Other Component Product Approval
5.	Municipal Permit Application
6.	Owner's Notification for Roofing Considerations (Reroofing Only)
7.	Any Required Roof Testing/ Calculation Documentation

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High Velocity Hurricane Zone Uniform Roofing Application Form for Miami-Dade County

Section A (General Information)

Master Permit Number: _____

Process Number: _____

Contractor's Name: _____

Job Address: _____

ROOF CATEGORY

- | | | |
|---|---|--|
| ☐ Low Slope | ☐ Mechanically Fastened Tile | ☐ Mortar/ Adhesive Set Tile |
| ☐ Asphaltic Shingles | ☐ Metal Panel/ Shingles | ☐ Wood Shingles/ Shakes |

ROOF TYPE

- | | | | | |
|-----------------------------------|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| ☐ New Roof | ☐ Repair | ☐ Maintenance | ☐ Reroofing | ☐ Recovering |
|-----------------------------------|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|

ROOF SYSTEM INFORMATION

Low Slope Roof Area (ft2)

Steep Sloped Roof Area (ft2)

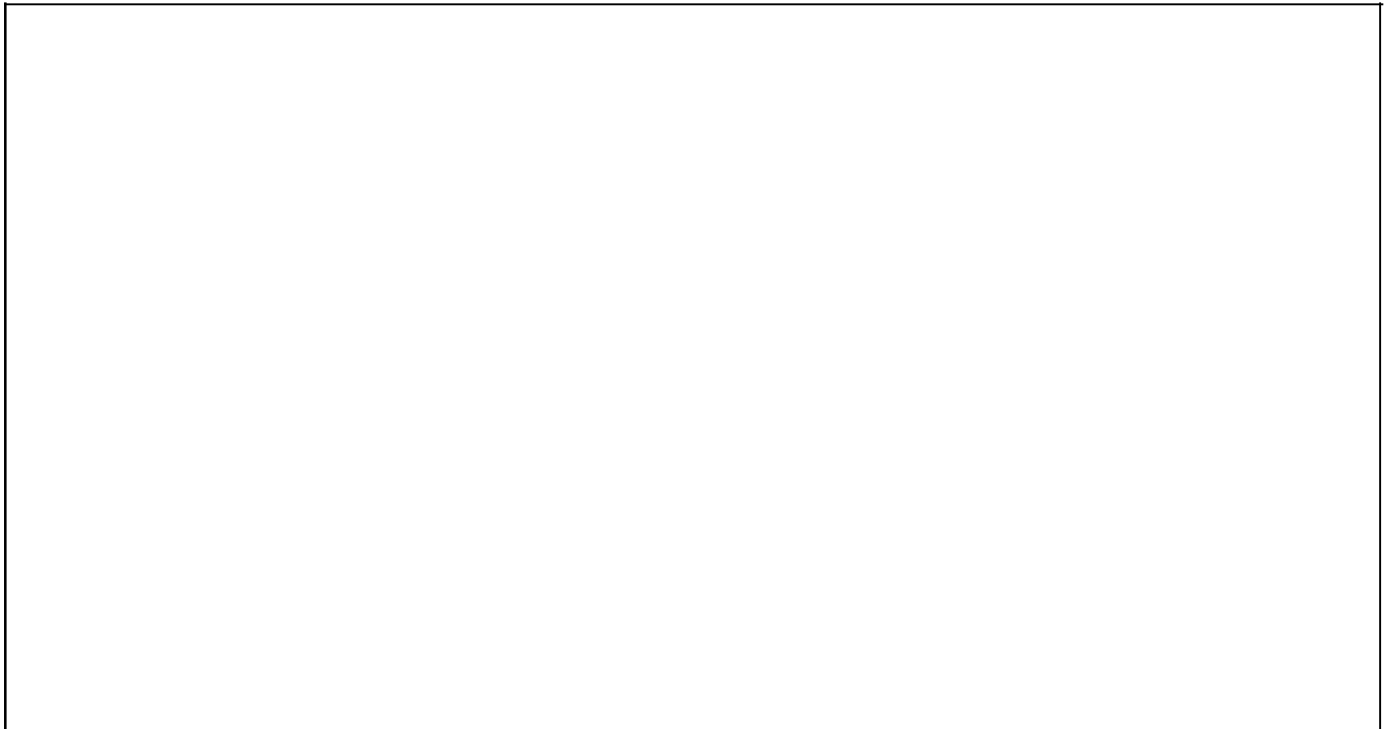
Total (ft2)

Are there gas vents on the roof? ☒ Yes ☐ No If Yes what type? ☒ Natural ☐ LPX

Is there an existing roof top Solar System? ☒ Yes ☐ No If yes will it be reinstalled? ☐ Yes ☐ No

Section B (Roof Plan)

Sketch Roof Plan: Illustrate all levels and sections, roof drains, scuppers, overflow scuppers and overflow drains. Include dimensions of sections and levels, clearly identify dimensions of elevated pressure zones and location of parapets.



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Section C (Low Sloped Roof Systems)

Fill in Specific Roof Assembly Components and Identify manufacturer

(If a component is not used, identify as "NA")

System Manufacturer: _____

Product Approval# _____

Design Wind Pressures, from RAS 128 or Calculations:

Zone I': _____ Zone 1: _____ Zone 2: _____

Zone 3: _____

Max. Design Pressure, from the specific product approval system: _____

Deck Type: _____

Gauge/ Thickness: _____

Slope: _____

Anchor/ Base Sheet & No. of Ply(s): _____

Anchor/ Base Sheet Fastener/ Bonding Material: _____

Insulation Base Layer: _____

Base Insulation Size and Thickness: _____

Base Insulation Fastener/ Bonding Material: _____

Top Insulation Layer: _____

Top Insulation Size and Thickness: _____

Top Insulation Fastener/Bonding Material: _____

Base Sheet(s) & No. of Ply(s): _____

Base Sheet Fastener/ Bonding Material: _____

Ply Sheet(s) and No. of Ply(s): _____

Ply Sheet Fastener/ Bonding Material: _____

Top Ply: _____

Top Ply Fastener/ Bonding Material: _____

Surfacing: _____

Fastener Spacing for Anchor/Base Sheet Attachment:

Zone 1' _____ " oc@ Laps,# Rows _____ @ _____ " oc

Zone 1 _____ " oc @ laps,# Rows _____ @ _____ " oc

Zone 2 _____ " oc@ Laps#Rows _____ @ _____ " oc

Zone 3 _____ " oc @ Laps,# Rows _____ @ _____ " oc

Number of Fasteners Per Insulation Board

Zone 1': _____ Zone 1: _____ Zone 2: _____ Zone 3: _____

Illustrated Components Noted and Details as Applicable:

Woodblocking, Gutter, Edge Termination, Stripping, Flashing, Continuous Cleat, Cant Strip, Base Flashing, Counterflashing, Coping, Etc.

Indicate: Mean Roof Height, Parapet Height, Height Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit Manufactures Details that Comply with RAS 111 and Chapter 16.

FT.	Parapet Height
_____FT.	Mean Roof Height

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Section D (Steep Sloped Roof System)

Roof System Manufacturer: _____

Product Control Number: _____

Minimum Design Wind Pressures, From Applicable RAS 127 Table or Calculations:

Zone1: ___ Zone 2: ___ Zone3: ___

Slope Range: ☒ 2:12 to :s; 4:12 ☐ > 4:12 to :s; 6:12 ☐ > 6:12 to :s; 12:12

Roof Shape: ☒ All Hip Roof ☐ Gable Roof or Partial Gable/Hip Roof

Deck Type: _____

Underlayment Type: _____

Roof Slope:
_____: **12**

Insulation: _____

Fire Barrier: _____

Ridge Ventilation?

Fastener Type & Spacing: _____

Cap Sheet Type: _____

Mean Roof Height: _____

Cap Sheet Attachment: _____

Roof Covering: 

Drip Edge Type & Size: _____

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Section E (Tile Calculations)

For Moment based tile systems, choose Method 1. Compare the values for M , with the values from M_t . If the M_t values are greater than or equal to the M , values for each area of the roof, then the tile attachment method is acceptable.

Method 1* " Moment Based Tile Calculations per RAS 127"

Enter positive uplift pressures when using this table

(Zone 1: _____ **XA** = _____)-Mg: _____ =Mli. _____ Product Approval Mf: _____
 (Zone 2: _____ **XA** = _____)-Mg: _____ = Mr2e _____ Product Approval Mf: _____
 (Zone 3: _____ **XA** = _____)-Mg: _____ = Mr2n _____ Product Approval Mf: _____

Tile attachment method:

Alternate Tile attachment method :

***Method 2 "Simplified Tile Calculations" only applicable in Broward County.**

For Uplift Based tile systems use Method 3. Compare the values for F' with the values for F_r . If the F' values are greater than or equal to the F_r values for each area of the roof, then the tile attachment method is acceptable.

Method 3* "Uplift Based Tile Calculations per RAS 127"

(Zone 1: _____ x L = _____ x W = _____) - (w) x cos 8 _____)=Fr1 _____ Product Approval F': _____
 (Zone 2: _____ xL= _____ xW= _____)-(w)xcos 8 _____) = Fr2 _____ Product Approval F': _____
 (Zone 3: _____ xL= _____ xW= _____)-(w)xcos8 _____)=Fr3 _____ Product Approval F': _____

Where to obtain information		
Description	Symbol	Where to Find
Design Pressure	Zones 1, 2, & 3	From the applicable Table in RAS- 127 or be an engineering analysis prepared by a PE based upon ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	θ	Job Site
Aerodynamic Multiplier	A	Product Approval/ Notice of Acceptance
Restoring Moment due to Gravity	M_e	Product Approval/ Notice of Acceptance
Attachment Resistance	M_1	Product Approval / Notice of Acceptance
Required Moment Resistance	M_r	Calculated
Minimum Attachment Resistance	F'	Product Approval/ Notice of Acceptance
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	w	Product Approval / Notice of Acceptance
Tile Dimensions	L=Length W= Width	Product Approval / Notice of Acceptance
All calculations must be submitted to the Building Official at the time of permit application.		

VILLAGE OF KEY BISCAYNE
88 West McIntyre Street
Key Biscayne Fl. 33149

**AFFIDAVIT OF COMPLIANCE WITH ROOF DECKING ATTACHMENT AND
SECONDARY WATER BARRIER Hurricane Retrofit for Existing Site-Built
Single Family Residential Structures**

OWNER'S NAME	ROOFING PERMIT NUMBER		DATE
PROPERTY ADDRESS	CITY	STATE	ZIP

Dear Building Official:

I, _____ qualifying agent, certify that the roof decking attachment has been completed in accordance with Florida Building Code, Existing Volume Section 706.7.1.1 or 706.7.1.2 and a secondary water barrier has been provided in accordance with Florida Building Code, Existing Volume Section 706.7.2.

Signature of Qualifying Agent

Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me by means of

☐ physical presence OR ☐ online notarizations

this _____ day of _____, 20____,

by-----

Signature of Notary Public _____

Print Name _____

**NOTARY
(SEAL)**

Personally known. _____

or Produced Identification _____

Type of Identification Produced _____

VILLAGE OF KEY BISCAYNE

FORM#R1W01

OWNER'S AFFIDAVIT OF EXEMPTION

Roof-to-Wall Connection Hurricane Mitigation Retrofit for Existing Site-Built Single Family Residential Structures

OWNER'S NAME		ROOFING PERMIT NUMBER		DATE
PROPERTY ADDRESS		CITY	STATE	ZIP

Dear Building Official:

I, _____ property owner, certify that I am not required to retrofit the roof- to-wall connections of my building because of one of the following reasons (select one):

- ☐ The building has an insured value of \$300,000 or less. **(Provide copy of homeowner's insurance), OR**
- ☐ Is uninsured or I cannot provide insurance documentation, and the just value of the structure for purposes of ad valorem taxation is less than \$300,000. **(Provide a copy of the Miami-Dade County Property Appraiser's Assessment), OR**
- ☐ The building was constructed in compliance with the provisions of the Florida Building Code (FBC) or with the provisions of the 1994 edition of the South Florida Building Code (1994 SFBC). **(Provide a copy from the Miami-Dade County property appraiser's office showing proof of year built).**
- ☐ **(If built before 1994 provide a compliance letter from a Florida Registered Engineer or Architect)**
- ☐ The roof-to-wall evaluation and connections at gables ends or all corners cannot be completed for 15% of the cost of roof replacement. (Provide an estimate of costs for retrofit by a General Contractor)
- ☐ Concrete Deck - low slope.

Signature of Property Owner_____
Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me by means of

☒ physical presence OR ☐ online notarizations
 this _____, day of _____, 20_____
 by _____

Signature of Notary Public _____

NOTARY (SEAL)

Print Name _____

Personally known _____

☐ Produced Identification _____

Type of Identification Produced _____