



BUILDING DIVISION

ROOFING CHECKLIST

PHONE: 954.797.2066 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV

Required Forms:

- [Building Permit Application](#)
- Signed and Notarized [Addendum Form](#) by Contractor or Owner.
- A Notice of Commencement must be recorded if the job exceeds \$2,500.
- If permit submitted as an Owner Builder provide [Owner Builder Disclosure Statement](#).
- Copy of contract if job value is greater than \$5,000.
- Must provide Workman's Compensation policy for the personnel that will be performing the job per FBC 105.3.5.
- Copy of Property Search/Ownership from the Broward County Property Appraisers Office WWW.BCPA.NET.

Permit Review Steps:

- Structural
- Mechanical (If applicable)

Minimum Plan Submittal:

- Two (2) completed [High-Velocity Hurricane Zone Forms](#).
- Two (2) copies of Product Approvals (NOA'S) obtained from point of purchase.
- For re-roofs or wood sheathing provide a [Re-nailing Affidavit](#) at the job site.
- For tile roofs put down with adhesive provide an uplift test at the job site.

For Re-roofs other than Single-Family residences:

- Copy from Statement of Responsibilities regarding Asbestos form, obtained at Broward County Development and Regulation Division (**DERD**).
- Engineering calculations for anchor spacing where required.

Submittal Fees:

Residential/Commercial: 0.75% of construction value or minimum fee of \$25.00.

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade: Building Electrical Plumbing Mechanical Other _____

Application Number: _____

Application Date: _____

1	Job Address: _____	Unit: _____	City: _____
	Tax Folio No.: _____	Flood Zn: _____	BFE: _____
	Building Use: _____		Construction Type: _____
	Present Use: _____		Occupancy Group: _____
	Proposed Used: _____		
	Description of Work: _____		
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other: _____		
Legal Description: _____			<input type="checkbox"/> Attachment

2	Property Owner: _____	Phone: _____	Email: _____
	Owner's Address: _____	City: _____	State: _____ Zip: _____

3	Contracting Co.: _____	Phone: _____	Email: _____
	Company Address: _____	City: _____	State: _____ Zip: _____
	Qualifier's Name: _____	Owner-Builder: <input type="checkbox"/>	License Number: _____

4	Architect/Engineer's Name: _____	Phone: _____	Email: _____
	Architect/Engineer's Address: _____	City: _____	State: _____ Zip: _____
	Bonding Company: _____		
	Bonding Company Address: _____	City: _____	State: _____ Zip: _____
	Fee Simple Titleholder's name (if other than owner): _____		
	Fee Simple Titleholder's Address (If other than owner): _____	City: _____	State: _____ Zip: _____
	Mortgage Lender's Name: _____		
	Mortgage Lender's Address: _____	City: _____	State: _____ Zip: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X _____
Signature of Property Owner or Agent

X _____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF BROWARD

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.
Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.



ADMINISTRATION DEPARTMENT
BUILDING DIVISION

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314
PHONE: 954.797.1111 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV

TOWN OF DAVIE
ADDENDUMS TO BUILDING PERMIT APPLICATION

This section is to be filled out by Owner:

Acknowledgement

- I, (Owner Name) _____, acknowledge that if I am a resident of a Home Owners Association (“HOA”), I may be subject to additional building, landscaping and/or other regulations not enforced by the Town of Davie. I further understand that the issuance of a building permit by the Town of Davie does not exempt me from any other regulations imposed by my HOA.
- I, (Owner Name) _____, am not a resident of a Home Owners Association.

NOTARY PUBLIC:

Owner Signature

Signature _____ Seal: _____
 Print Name _____
 My Commission Expires: _____

This section is to be filled out by Contractor:

_____ Notice: The Town of Davie has an exclusive solid waste franchise **Initial** agreement with Waste Management of Florida. No other waste hauler may be used for the disposal of construction and demolition debris in the Town of Davie. Please be advised that the permit will not be issued without a signed copy of the legal notice. (Waste Management Phone Number: (954-974-7500)

_____ Notice: In addition to the requirements of this permit, there may be **Initial** additional restrictions applicable to this property that may be found in the public records of Broward County, and there may be additional permits required from other local, county, state, and/or federal governmental agencies.

_____ Warning to Owner: Your failure to record a Notice of Commencement may result in paying twice for improvements **Initial** to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement.

_____ Notice to Applicant: As a condition to the issuance of a building permit with an estimated value exceeding \$2,500, the **Initial** applicant must promise in good faith that a copy of the notice of commencement and construction lien law brochure will be delivered to the person whose property is subject to attachment. Also, a certified copy of the recorded notice of commencement must be posted at the job site by the first inspection. In the absence of such posted notice, the inspection will not be approved and a re-inspection fee will be charged.

(Print Name of Contractor)

(Signature of Contractor)

State of Florida, Broward County, before me, an officer duly authorized by law to administer oaths and take Acknowledgments, personally appeared _____, and acknowledged the truth and execution of the foregoing Affidavit, for the use by the Building Division of the Town of Davie, Florida.

In witness of the foregoing, I have set my hand and official seal in the State and County aforesaid on this _____ Day of _____, 20____ .

NOTARY PUBLIC:

Seal:

Signature _____
 Print Name _____
 My Commission Expires: _____

**SECTION 1525
HIGH-VELOCITY HURRICANE ZONES - UNIFORM PERMIT APPLICATION
Florida Building Code 6th Edition (2017)**

High-Velocity Hurricane Zone Uniform Permit Application Form.

INSTRUCTION PAGE

**COMPLETE THE NECESSARY SECTIONS OF
THE UNIFORM ROOFING PERMIT
APPLICATION FORM AND ATTACH THE
REQUIRED DOCUMENTS AS NOTED 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
Prescriptive BUR-RAS 150	A,B,C	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 of Product Approval
5.	Municipal Permit Application
6.	Owners Notification for Roofing Considerations (Reroofing Only)
7.	Any Required Roof Testing/Calculation Documentation

Florida Building Code 6th Edition (2017)

High-Velocity Hurricane Zone Uniform Permit Application Form.

Section A (General Information)

Master Permit No. _____ Process No. _____

Contractor's Name _____

Job Address _____

ROOF CATEGORY

Low Slope Mechanically Fastened Tile Mortar/Adhesive Set Tile

Asphaltic Shingles Metal Panel/Shingles Wood Shingles/Shakes

Prescriptive BUR-RAS 150

ROOF TYPE

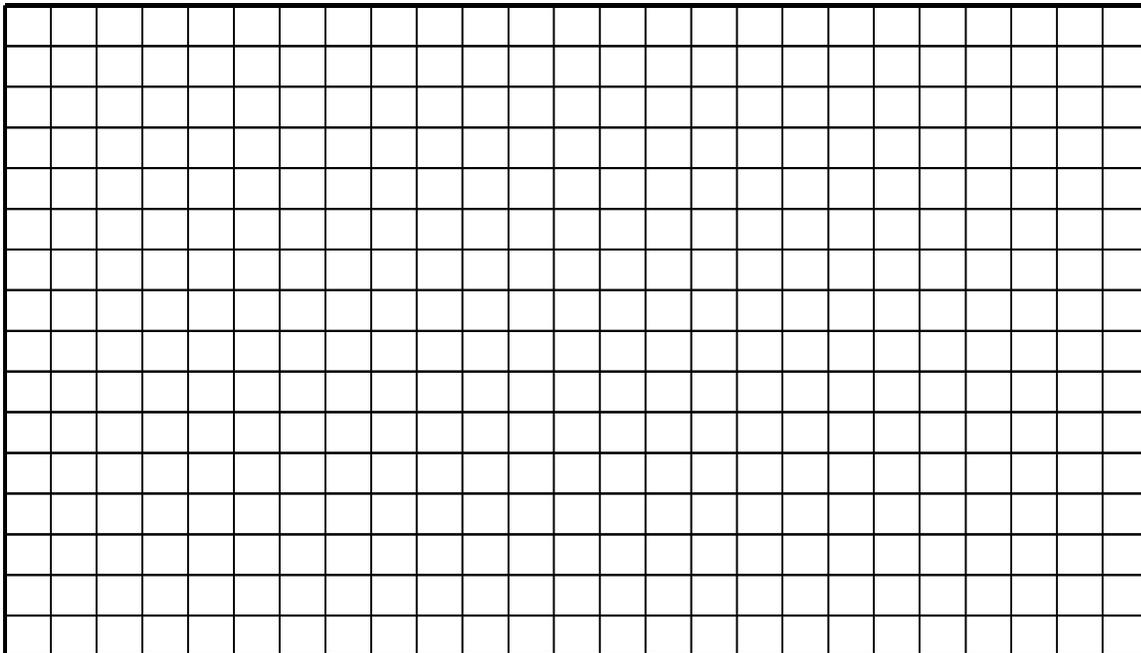
New Roof Repair Maintenance Reroofing Recovering

ROOF SYSTEM INFORMATION

Low Slope Roof Area (SF) _____ Steep Sloped Roof Area (SF) _____ Total (SF) _____

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.



Florida Building Code 6th Edition (2017)

High-Velocity Hurricane Zone Uniform Permit Application Form.

Section C (Low Slope Application)

Fill in specific roof assembly components and identify manufacturer (If a component is not used, identify as "NA")

System Manufacturer: _____

Product Approval No.: _____

Design Wind Pressures, From RAS 128 or Calculations:

Pmax1: _____ Pmax2: _____ Pmax3: _____

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) & No. of Ply(s): _____

Ply Sheet Fastener/Bonding Material: _____

Top Ply: _____

Top Ply Fastener/Bonding Material: _____

Surfacing: _____

Fastener Spacing for Anchor/Base Sheet Attachment:

Field: ____" oc @ Lap, # Rows ____ @ ____" oc

Perimeter: ____" oc @ Lap, # Rows ____ @ ____" oc

Corner: ____" oc @ Lap, # Rows ____ @ ____" oc

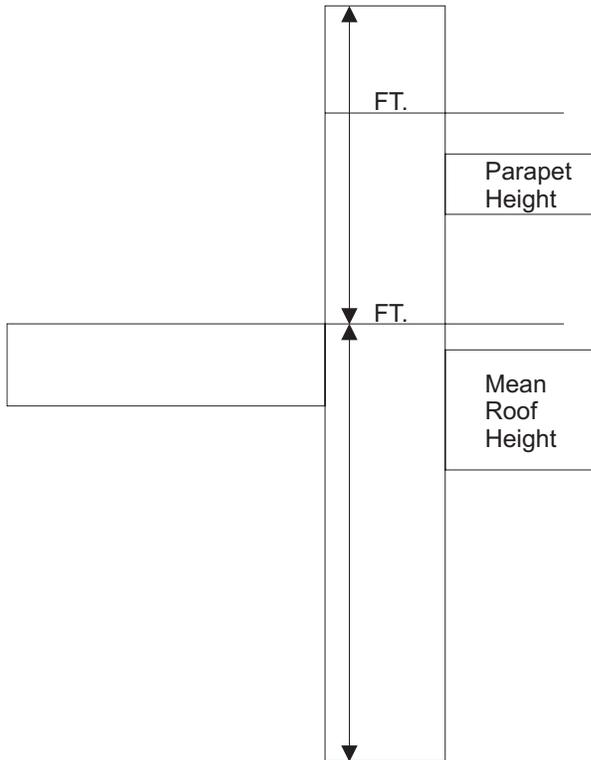
Number of Fasteners Per Insulation Board:

Field ____ Perimeter ____ Corner ____

Illustrate Components Noted and Details as Applicable:

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

Indicate: Mean Roof Height, Parapet Height, Height of Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit



Florida Building Code Edition 6th Edition (2017)

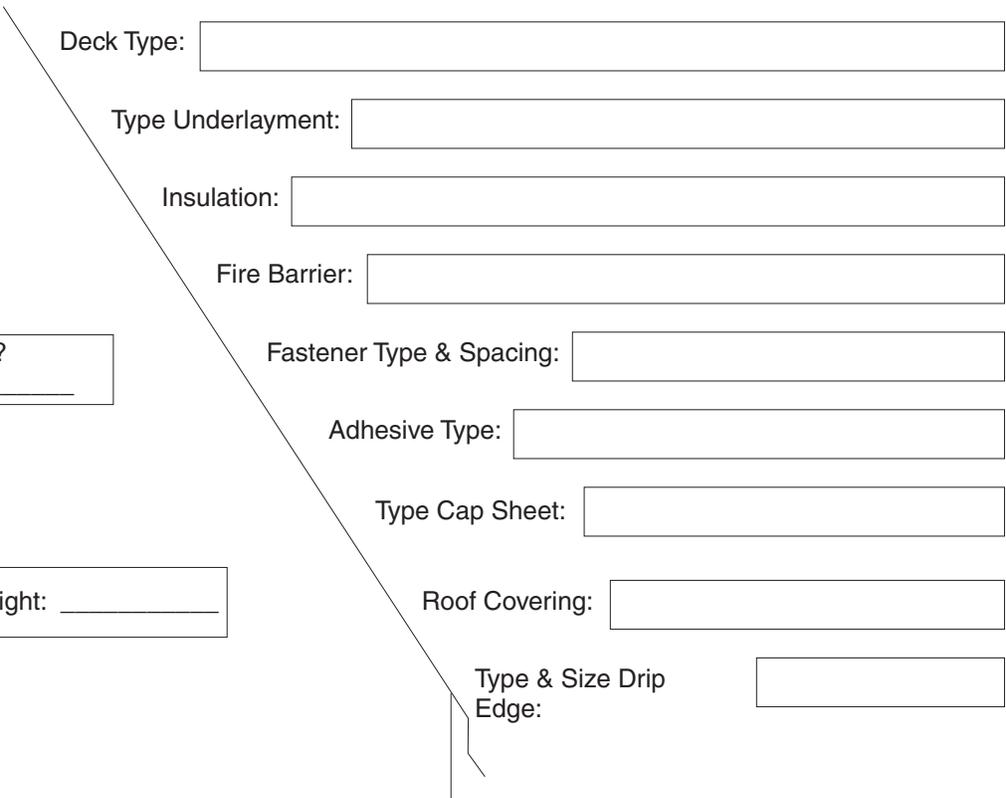
High-Velocity Hurricane Zone Uniform Permit Application Form.

Section D (Steep Sloped Roof System)

Roof System Manufacturer: _____
Notice of Acceptance Number: _____
Minimum Design Wind Pressures, If Applicable (From RAS 127 or Calculations): P1: _____ P2: _____ P3: _____

Steep Sloped Roof System Description

Roof Slope: _____: 12	Deck Type: _____
	Type Underlayment: _____
	Insulation: _____
	Fire Barrier: _____
Ridge Ventilation? _____	Fastener Type & Spacing: _____
	Adhesive Type: _____
	Type Cap Sheet: _____
Mean Roof Height: _____	Roof Covering: _____
	Type & Size Drip Edge: _____



The diagram illustrates a cross-section of a steep sloped roof system. A diagonal line represents the roof slope. To the left of the slope, there are input boxes for 'Roof Slope: _____: 12', 'Ridge Ventilation?' (with a checkbox), and 'Mean Roof Height: _____'. To the right of the slope, there are input boxes for 'Deck Type:', 'Type Underlayment:', 'Insulation:', 'Fire Barrier:', 'Fastener Type & Spacing:', 'Adhesive Type:', 'Type Cap Sheet:', 'Roof Covering:', and 'Type & Size Drip Edge:'. A detail line from the 'Type & Size Drip Edge' box points to a small diagram of a drip edge profile at the bottom of the roof slope.

Florida Building Code 6th Edition (2017)
High-Velocity Hurricane Zone Uniform Permit Application Form.
Section E (Tile Calculations)

For Moment based tile systems, choose either Method 1 or 2. Compare the values for M_r with the values from M_f . If the M_f values are greater than or equal to the M_r values, for each area of the roof, then the tile attachment method is acceptable.

Method 1 "Moment Based Tile Calculations Per RAS 127"

$(P_1: \text{_____} \times \lambda \text{_____} = \text{_____}) - Mg: \text{_____} = M_{r1} \text{_____}$ Product Approval M_f _____

$(P_2: \text{_____} \times \lambda \text{_____} = \text{_____}) - Mg: \text{_____} = M_{r2} \text{_____}$ Product Approval M_f _____

$(P_3: \text{_____} \times \lambda \text{_____} = \text{_____}) - Mg: \text{_____} = M_{r3} \text{_____}$ Product Approval M_f _____

Method 2 "Simplified Tile Calculations Per Table Below"

Required Moment of Resistance (M_r) From Table Below _____ Product Approval M_f _____

M_r required Moment Resistance*					
Mean Roof Height → Roof Slope ↓	15'	20'	25'	30'	40'
2:12	34.4	36.5	38.2	39.7	42.2
3:12	32.2	34.4	36.0	37.4	39.8
4:12	30.4	32.2	33.8	35.1	37.3
5:12	28.4	30.1	31.6	32.8	34.9
6:12	26.4	28.0	29.4	30.5	32.4
7:12	24.4	25.9	27.1	28.2	30.0

*Must be used in conjunction with a list of moment based tile systems endorsed by the Broward County Board of Rules and Appeals.

For Uplift based tile systems use Method 3. Compared 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 "Moment Based Tile Calculations Per RAS 127"

$(P_1: \text{_____} \times L \text{_____} = \text{_____} \times w: \text{_____}) - W: \text{_____} \times \cos \theta \text{_____} = F_{r1} \text{_____}$ Product Approval F' _____

$(P_2: \text{_____} \times L \text{_____} = \text{_____} \times w: \text{_____}) - W: \text{_____} \times \cos \theta \text{_____} = F_{r2} \text{_____}$ Product Approval F' _____

$(P_3: \text{_____} \times L \text{_____} = \text{_____} \times w: \text{_____}) - W: \text{_____} \times \cos \theta \text{_____} = F_{r3} \text{_____}$ Product Approval F' _____

Where to Obtain Information		
Description	Symbol	Where to find
Design Pressure	P1 or P2 or P3	RAS 127 Table 1 or by an engineering analysis prepared by PE based on ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	θ	Job Site
Aerodynamic Multiplier	λ	Product Approval
Restoring Moment due to Gravity	M_g	Product Approval
Attachment Resistance	M_f	Product Approval
Required Moment Resistance	M_g	Calculated
Minimum Attachment Resistance	F'	Product Approval
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	W	Product Approval
Tile Dimensions	L = length W = width	Product Approval

All calculations must be submitted to the building official at the time of permit application.

SECTION 1524 - HIGH VELOCITY HURRICANE ZONES REQUIRED OWNERS NOTIFICATION FOR ROOFING CONSIDERATIONS

1524.1 Scope. As it pertains to this section, 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 section. The provisions of Chapter 15 of the *Florida Building Code, Building* govern the minimum requirements and standards of the industry for roofing system installations. Additionally, the following items should be addressed as part of the agreement between the owner and the contractor. The owner's initial in the designated space indicates that the item has been explained.

_____ **1. Aesthetics-Workmanship:** Reserved.

_____ **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, Building*. (The roof deck is usually concealed prior to removing the existing roof system).

_____ **3. Common Roofs:** Reserved.

_____ **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 provides the option of maintaining this appearance.

_____ **5. Ponding Water:** Reserved.

_____ **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*.

Owner's/Agent's Signature

Date

Contractor's Signature

Building Division

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
PHONE: 954.797.1111 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV

RENAILING AFFIDAVIT

Permit Number: _____

Job Address: _____

I, _____,

(Print name clearly)

(Certificate of Competency Number)

_____, do hereby affirm;

(State Certification/Registration Number)

That I have personally inspected the re-nailing of roof sheathing for the area covered by the roofing permit referenced above, and further state that the re-nailing of the sheathing meets the requirements of the 2004 Edition of the Florida Building Code, Section 1521.5.

Re-nailing: Mandatory in-process inspection for the re-nailing of roof sheathing shall be required. However, if the Building Division can not make said inspection a letter submitted by the qualifier in the form of a notarized affidavit, including license number, shall be submitted to the Building Official, attesting to the fact that the nailing of the sheathing has been brought up to the standards of this Code.

When existing roofs are re-roofed to the point that the existing roofing is removed down to the sheathing, the existing roof sheathing shall be re-nailed with 8d common nails (0.131 diameter by 2 ½ long with a 0.281 diameter full around head). Nail spacing shall be six inches on center at panel edges, six inches on center at intermediate supports and where applicable four inches on center over gable ends and sub-facia. Existing fasteners may be utilized to achieve such minimum spacing.

Qualifier/Contractor Signature

Date

Print Name

(Name of Qualifier/Contractor)_____, having first been duly sworn, does affirm the statement above to be true and correct by his own personal knowledge.

Notary: _____ Date _____

(Seal/stamp)

____ personally knows

____ Produced photo identification type: _____

Roofing Process

Tin Cap Inspection: To be made after installing the tin caps, valley metal, drip edge and all metal primed if required.

Mop in Progress: If hot mopping call the inspection the day before mopping. If using peel and stick complete it then call in the peel & stick inspection BEFORE loading the tile. Take pictures of the second layer around the protrusions if installed under the top layer see the NOA.

Tile in Progress: Call the tile in progress inspection the day before starting to lay the tile.