



# EXPEDITED ROOF WORKSHEET – SFD only

“Like for Like” Replacement ONLY



Address of Structure: \_\_\_\_\_

Existing Roof Covering: \_\_\_\_\_

Existing Deck: Plywood Deck, Wood Plank, Other: \_\_\_\_\_

Re-Roof Type: Tile \_\_\_\_\_ Shingle \_\_\_\_\_ Metal \_\_\_\_\_ Flat \_\_\_\_\_  
(FL/NOA) (FL/NOA) (FL/NOA) (FL/NOA)

Slope \_\_\_\_/12” Gable/ Hip (# of Squares): \_\_\_\_\_ Flat/Low Slope (Sq. Ft) \*\*: \_\_\_\_\_

Design Wind Speed: 170V<sub>ult</sub> mph or per [www.atcouncil.org/windspeed/](http://www.atcouncil.org/windspeed/) Exposure Category: C

## INSTALLATION Details:

**Identify/ Circle** the specific Installation methods and Attachment details in all Product Approvals, the FRSA Manual, and applicable Manufacturers’ Specifications.

- Specify System Type, Details, and Pages: \_\_\_\_\_

## UNDERLAYMENT (Asphalt & Metal Shingles, Non-Wood Shake, Metal Panels) choose U/L per R905.1.1

<input type="checkbox"/> Self-Adhered (Direct to Deck) <b>**NOT an Option for Wood Shake/Shingle**</b>	<input type="checkbox"/> 4” Wide Strip (ASTM D1970) Over all Joints/Seams (Per Table R905.1.1.1)	<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)	<input type="checkbox"/> 2 Layers Synthetic U/L <b>**NOT an Option for Wood Shake/Shingle**</b>
Self-Adhered (ASTM D1970) Polymer-Modified Bitumen Underlayment Applied directly to entire roof deck	4” Wide Strip of S.A. polymer-modified bitumen membrane per ASTM D1970 applied over all joints with 30# felt on top	3 ¾” Wide Strip of self-adhering flexible flashing tape per AAMA 711 applied over all joints with 30# felt on top	Two layers of ASTM D226 Type II or ASTM D4869 Type III or IV. Layers to be lapped at 19” O.C	Two layers of reinforced synthetic underlayment (Provide FL/NOA). Layer to be lapped by min. half width of rolls.

UNDERLAYMENT (Clay/ Cement TILE) - Attachment per: ☐ RAS 118,119,120 ☐ FRSA 6<sup>th</sup> Edition

**Note:** Roof Tile attachment shall resist the following minimum Uplift Moments ( $M_a$  = ft-lbf) for **All** slopes:

**GABLE Roof:** LPZ 31.2 // HPZ 43.7 **or** **HIP Roof:** LPZ 39.5 // HPZ 47.9

1) Underlayment (Tile) - Florida # FL- \_\_\_\_\_ Miami-Dade NOA# \_\_\_\_\_

2) Adhesive (if applicable) - Florida # FL- \_\_\_\_\_ Miami-Dade NOA# \_\_\_\_\_

ACCESSORIES (EXISTING Replacement ONLY) - Ridge Vents, Turbines, Skylights, Other: \_\_\_\_\_

Florida # FL- \_\_\_\_\_ Miami-Dade NOA# \_\_\_\_\_

Please post this completed worksheet with all other inspection documents on the jobsite prior to inspection.

**\*Product Approvals/NOA’s referenced above must be on job site during inspection\***

**\*Roofing Affidavits (if applicable) must be provided at the time of inspection\***

I certify that all the foregoing information is accurate and all work performed will comply with all applicable codes & standards regulating construction.

\_\_\_\_\_  
QUALIFIER’s Signature/ Print Name

\_\_\_\_\_  
LICENSE #

\_\_\_\_\_  
DATE

**\*\* Flat decks over 400 sf. may be required to provide enhance fastening details from a design professional to the inspector.**



# **SFD DETACHED REROOFING PERMIT CHECKLIST** **INTENDED FOR LICENSED ROOFING CONTRACTORS ONLY**

**THIS APPLICATION IS NOT TO BE USED FOR "NEW" CONSTRUCTION**

**TWO COPIES OF THIS CHECKLIST MUST BE ATTACHED TO THE PERMIT APPLICATION (WITH ORIGINAL SIGNATURES) AND WITH ALL THE REQUIRED DOCUMENTATION AS NOTED BELOW.**

Contractor must certify **ALL** the following statements apply by initialing each one:

- \_\_\_\_\_ This is a detached Single Family Dwelling (SFD) and/or a free-standing residential accessory structure
- \_\_\_\_\_ This structure was constructed after March 1, 2002, or the structure(s) improved value is < \$300,000
- \_\_\_\_\_ This project involves one or more complete roof sections (see 2020 FBC Ch.15 definitions)
- \_\_\_\_\_ This is a '**like for like**' replacement. [The roofing dead load is not increased (i.e. shingle to tile)]
- \_\_\_\_\_ There are no additional skylights being installed

**Note:** If unable to certify **all** of the above statements as true, this will disqualify the use of this form.  
Please refer to PB-O-094 and follow the procedure.

If there is any rooftop equipment (existing systems) that must be removed/replaced, please circle the applicable trade(s) and provide Sub-permit Applications.

Electrical    Mechanical    Plumbing    Solar

## **ADDITIONAL DOCUMENTS REQUIRED**

1. Building Permit Application
2. Roof Assembly Worksheet
3. Product Approval Information
4. Product Approval Cover Sheet
5. Product Approval with **Specific System Descriptions circled (Identify page # on worksheet)**
6. Product Approval with **Specific System Limitations circled (Identify page # on worksheet)**
7. Product Approval, General Limitations of Use
8. FRSA pages (if applicable to Tile installation using FL Approval)
9. Roofing accessory product approvals and plan showing location (Ridge vents, Turbines, Mech stands, etc.)
10. On flat roofs a contractor may propose a worst case fastening of the perimeter (min. 4' from edge)  
Max 4" O.C. each way. Flat decks over 400 s.f. may be required to provide enhance fastening details from a design professional to the inspector.
11. Other additional data may be required for the integrity of the roofing system to be determined.
12. A fee sub application may be required for work outside the scope of this application.