



Town of Manalapan

Building Department • 600 South Ocean Blvd., Manalapan, Florida 33462
Website: <http://www.manalapan.org> • Phone: 561-585-9477 • Fax: 561-585-9498

REROOF CHECKLIST FORM (FBC 8th Edition 2023)

The Town of Manalapan Building utilizes a new all-digital platform called My Government Online (MGO). You must first create an account to submit permits and schedule inspections which can be done by visiting: MGOconnect.org

THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING

- Completed Building Permit Application
- Cost estimate on contractor letterhead. The cost estimate must include a description of the work and a breakdown of costs.
- Owner/Builder Affidavit, if applicable
- Notice of Commencement, if applicable
- Roof Material Worksheet for all proposed roofing systems (i.e. tile, shingles, flat, metal)
- Full and complete Product Approvals
- ARCOM approval is required for any changes to the roof covering type or color.

GENERAL INFORMATION

Please see roofing worksheets for additional information.

UNIVERSAL COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

January 2024 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version: _____ Permit Type: _____

Accepted By: _____ Application Date: _____

Application #: _____

1
KIND of PERMIT (CHECK ONE):
 PRIMARY PERMIT
 SUB-PERMIT - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6, & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.
PRIVATE PROVIDER: PLAN REVIEW INSPECTIONS

2
PROPERTY OWNER: _____
TENANT: _____
ADDRESS: _____ UNIT: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
EMAIL: _____

3
TRADE (CHECK ONE):
 STRUCTURAL ROOFING ELECTRICAL
 MECHANICAL PLUMBING FIRE GAS
 OTHER: _____
PRIMARY PERMIT #: _____

4
PROJECT NAME: _____
PCN: _____
LEGAL DESCRIPTION: _____
PROJECT ADDRESS: _____
CITY: _____

5
FURTHER WORK DESCRIPTION: _____
Type of Work: New Addition Alteration Repair Demo Temporary Other
VALUE: _____ PERMIT FEE: _____ NET S.F (for SFD's): _____
(SEE FEE SCHEDULE) (AS APPLIES) (AS APPLIES)

6
 OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)
 CONTRACTOR (CERT. HOLDER): _____ License #: _____
DBA (COMPANY NAME): _____ Contact Person: _____
ADDRESS: _____ STE: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ EMAIL: _____

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.

7

(Signature of Owner or Agent) (including contractor)
Print Name: _____
NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Physical Presence _____ OR Online Notarization _____
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

8

(Signature of Contractor)
Print Name: _____
NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Physical Presence _____ OR Online Notarization _____
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$15,000). PLEASE ADDRESS ALL ITEMS.

⁹
Fee Simple Titleholder's Name (If other than owner): _____

Fee Simple Titleholder's Address (If other than owner): _____

City: _____ **State:** _____ **Zip:** _____

Same as Owner

¹⁰
Bonding Company: _____

Bonding Company Address: _____

City: _____ **State:** _____ **Zip:** _____

Not Applicable

¹¹
Architect/Engineer's Name: _____

Architect/Engineer's Name Address: _____

City: _____ **State:** _____ **Zip:** _____

Not Applicable

¹²
Mortgage Lender's Name: _____

Mortgage Lender's Address: _____

City: _____ **State:** _____ **Zip:** _____

Not Applicable

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.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN \$5,000 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

OFFICE USE ONLY BELOW THIS LINE

¹³
CODE EDITION/NOTES: _____

¹⁴
USE (CHECK ONE):

1 & 2 FAMILY TOWNHOUSE CONDOMINIUM

MULTI-FAMILY COMMERCIAL INDUSTRIAL

AGRICULTURAL - BLDG CODE EXEMPT OTHER: _____

USE CHANGE: _____



TOWN OF MANALAPAN

600 South Ocean Boulevard, Manalapan, FL 33462
(561) 585-9477

CONSTRUCTION SITE MAINTENANCE

(refer to Construction Site Standards Sec. 152.110 of Town of Manalapan Code)

Construction Site Address; _____

Permit Number; _____

- No vehicles may be parked on the swale (public right-of-way)
- Any permission granted for off-site parking within the Town of Manalapan shall be provided in writing by the property owner and a copy received by Town Officials prior to parking off-site
- Contractor shall install a minimum six foot (6'-0") high temporary, fabric-lined chain link fence for the project per Town code Sec. 152.110. Please note: this fence may be required to be on all sides of the property
- Dumpsters must be covered and emptied when full and placed inside the fenced site
- Port-a-potties must be placed inside the fenced site and cannot be visible from the street
- No dirt piles shall be greater than six feet (6'-0") in height above the crown of the road
- All construction sites must be watered down daily or with more frequency as required OR covered in order to prevent dust and debris from escaping to adjacent properties
- Whenever possible/feasible, the Contractor shall notify adjacent property owners 24 hours in advance of any activity which is anticipated to create unusually loud noise, prolonged disturbance, or unusual occurrence (i.e... Demolition)
- Contractor shall contact Town Utilities at 561-586-3699 prior to starting work. Any damage including tampering, to water meter boxes, water meter box lids, and Town owned water lines shall be the responsibility of the Contractor.
- Meters should be visibly marked and kept clear of vehicles, building materials or dirt piles in order to facilitate meter readings and/or emergency shut offs

Contractor Signature; _____ Date _____

Instrument Prepared By:

Name: _____

Address: _____

PERMIT NUMBER: _____

STATE OF: _____

NOTICE OF COMMENCEMENT

TAX FOLIO NO.: _____

COUNTY OF: _____

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **DESCRIPTION OF PROPERTY** (Legal description of the property & street address, if available) **Legal Description:** _____

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** _____

3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

a. Name and address: _____

b. Interest in property: _____

c. Name and address of fee simple titleholder (if different from Owner listed above): _____

4. a. **CONTRACTOR:** Name & Address _____

b. Phone number: _____

5. **SURETY** (if applicable, a copy of the payment bond is attached): a. Name and address: _____

b. Phone number: _____ c. Amount of bond: \$ _____

6. a. **LENDER:** Name and address: _____

b. Phone number: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

a. Name and address: _____

b. Phone numbers of designated persons: _____

8. a. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: _____

9. Expiration date of notice of commencement (the expiration date will be 1 year after the date of recording unless a different date is specified): _____, 20____.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE SITE OF THE IMPROVEMENT 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.

(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

The foregoing instrument was acknowledged before me by means of _____ physical presence or sworn to (or affirmed) by _____ online notarization,
this _____ day of _____, 20____ by _____
(name of person)

as _____ for _____
(type of authority, e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

Notary

(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification Type of Identification Produced _____



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Mandated Retrofits of Roof-to-Wall Connection

THIS FORM MUST BE FILLED OUT AND INCLUDED WITH ALL RE-ROOFING APPL/CATIONS FOR EXISTING STRUCTURES WITH WOOD ROOF DECKS.

Address: _____

For the purpose of this document, "Sections" as cited below are from the Florida Building Code-Existing Building, 7rH Edition (2020) 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, 1990?

Yes - The application date was on or after January 1, 1990.

**** Proceed to signature and permit submittal. (Attach documentation verifying the application date)**

No - The application date was prior to January 1, 1990.

**** 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-Wal/ 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



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Roof to Wall Mandated Retrofits

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
 - o 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
 - o 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" Sub permit ("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

TABLE 2 GC

Gable Roof – ASCE 7-16

Exposure C – Tile Factor = 1.407 ft³

Roof Slopes	Mean Roof Heights (ft)	Roof Zones	170
			Ma (ft-lbf)
Less than 4.5:12	0-15	LPZ	36.1
		HPZ	41.5
	20	LPZ	38.2
		HPZ	44.0
	30	LPZ	41.6
		HPZ	47.9
	40	LPZ	44.2
		HPZ	50.8
	50	LPZ	46.3
		HPZ	53.2
	60	LPZ	48.0
		HPZ	55.2
4.5:12 to less than 6:12	0-15	LPZ	31.6
		HPZ	41.5
	20	LPZ	33.4
		HPZ	44.0
	30	LPZ	36.4
		HPZ	47.9
	40	LPZ	38.7
		HPZ	50.8
	50	LPZ	40.5
		HPZ	53.2
	60	LPZ	42.0
		HPZ	55.2
6:12 to 12:12	0-15	LPZ	27.1
		HPZ	37.9
	20	LPZ	26.8
		HPZ	40.1
	30	LPZ	31.2
		HPZ	43.7
	40	LPZ	33.1
		HPZ	46.4
	50	LPZ	34.7
		HPZ	48.6
	60	LPZ	36.0
		HPZ	50.4

LPZ = Low Pressure Zones 1, 2e, 2n, & 2r for Gable Roofs
 HPZ = High Pressure Zones 3e & 3r for Gable Roofs

TABLE 2 HC

Hip Roof – ASCE 7-16

Exposure C – Tile Factor = 1.407 ft³

Roof Slopes	Mean Roof Heights (ft)	Roof Zones	170
			Ma (ft-lbf)
Less than 4.5:12	0-15	LPZ	32.5
		HPZ	32.5
	20	LPZ	34.4
		HPZ	34.4
	30	LPZ	37.5
		HPZ	37.5
	40	LPZ	39.8
		HPZ	39.8
	50	LPZ	41.7
		HPZ	41.7
	60	LPZ	43.2
		HPZ	43.2
4.5:12 to less than 6:12	0-15	LPZ	27.1
		HPZ	27.1
	20	LPZ	28.7
		HPZ	28.7
	30	LPZ	31.2
		HPZ	31.2
	40	LPZ	33.1
		HPZ	33.1
	50	LPZ	34.7
		HPZ	34.7
	60	LPZ	36.0
		HPZ	36.0
6:12 to 12:12	0-15	LPZ	34.3
		HPZ	41.5
	20	LPZ	36.3
		HPZ	44.0
	30	LPZ	39.5
		HPZ	47.9
	40	LPZ	42.0
		HPZ	50.8
	50	LPZ	44.0
		HPZ	53.2
	60	LPZ	45.6
		HPZ	55.2

LPZ - Low Pressure Zones 1, 2e & 2r for Hip Roofs
 HPZ - High Pressure Zones 3 for Hip Roofs
 h/B ≤ 0.80 values used where applicable
 (most conservative)

POLICIES & PROCEDURES FOR TILE ROOFS

The information provided herein serves to assist permit holders in understanding building code and building division policies affecting roof permits. Please contact the building division before commencing work if there are questions regarding code requirements.

WITH PRIOR APPROVAL BY THE BUILDING OFFICIAL, CONTRACTOR AFFIDAVITS AND ENGINEER CERTIFICATION OF INSPECTION CAN BE ACCEPTED FOR ROOF SHEATHING, ROOF METAL INSPECTIONS AND FLAT ROOFS. AFFIDAVIT TO BE ACCOMPANIED BY SUFFICIENT PHOTOGRAPHIC EVIDENCE AND DETAIL DEMONSTRATING COMPLIANCE WITH THE BUILDING CODE.

Tile In-Progress: Scheduling of the Roof Tile In-Progress Inspection to be no later than prior to application of 20% of the Roof Tile. Foam applicators to be properly licensed and/or certified as required by roof tile adhesive manufacturer.

AT ALL TIMES, roof coverings application to be on a solid or closely fitted deck. Re-roofing over existing space-sheathed roof decks is NOT permitted except by code (wood shingles & wood shakes as per FBC-B 7th - Sections 1507.8, R905.7, 1507.9 & R905.8) and shall require a sheath-over or re-sheath using structural grade panels (plywood) according to current Florida Building Codes.

- Sheath-over (applying plywood panels over any existing sheathing) requires Florida Registered Design Professional written specifications (i.e. nail or screw length and fastening pattern into framing members). Submittal of written specifications required at time of roofing permit application.
- Re-sheath (removal and replacement of plywood panels) requires use of minimum 19/32" plywood fastened with 8d ring-shank nails 4" O.C. at all plywood edges and 6" O.C. in field. If a different nailing pattern is used, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.
- Spaced board sheathing fill-in: spaces between existing spaced-sheathing boards may be filled in with boards of the same size and thickness to provide a closely fitted solid deck. New boards to be fastened in accordance with current code requirements.

Existing plywood sheathing shall be re-nailed prior to application of any underlayment including ASTM asphalt base sheet. Re-nailing requires use of minimum 8d ring-shank nails, 6" O.C. at plywood edges & 6" O.C. in field. If a more stringent nailing pattern is required, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.



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SHINGLES/SHAKES INSTALLATION WORKSHEET FORM - (FBC 7th Edition 2020)

SITE ADDRESS: _____

New Roof Re-Roofing Repair (ADDITIONAL DETAILS STILL REQUIRED)

Sloped Roof Pitch: _____ / 12 Sloped Roof Area (In SQRS): _____

Sheath-Over (ENGINEERING ATTACHED) Spaced Sheathing

Re-Nail Shingle-Over (1 TIME ONLY) 15/32" Plywood 19/32" Plywood

Skylights/Tubes Replaced:
 Yes (w/NOA or FL#)
 No _____

UNDERLAYMENT/BASE SHEET SPECS: Product Approval(s): _____

<input type="checkbox"/> Self-Adhered Direct-to-Deck	<input type="checkbox"/> 4" Wide strip	<input type="checkbox"/> 3 ¾" Wide strip	<input type="checkbox"/> 2 Layers of 30# (Only Option for Wood Shingles/Shakes)	<input type="checkbox"/> 2 Layers of Synthetic
Self-adhering polymer-modified bitumen underlayment directly over 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 (2) layers of ASTM D226 Type II – OR- ASTM D4869 Type III or Type IV. Layers to be lapped at 19" O.C. (See sketch on 2 nd Pg)	Two (2) layers of reinforced synthetic underlayment ASTM D226. Layer to be lapped by min. half width of rolls.

SHINGLES SPECIFICATIONS:

Manufacturer	Product Name	Shingle/Shake Type	NOA or FL Approval #

FLAT ROOF INCLUDED: YES NO
 (Separate Flat Roof Checklist Required)

ZONING REVIEW:

Roof Material Color: _____ (Attach Manufacturer's Color Chart for Zoning Review.)

- NO THREE-TAB SHINGLES ALLOWED
- 30-YR or greater dimensional/architectural type laminated shingles.
- All new exposed wood (fascia & soffit) will be painted or primed prior to final inspection. Within 30 days of final inspection, owner will paint new exposed wood to match building colors.

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.

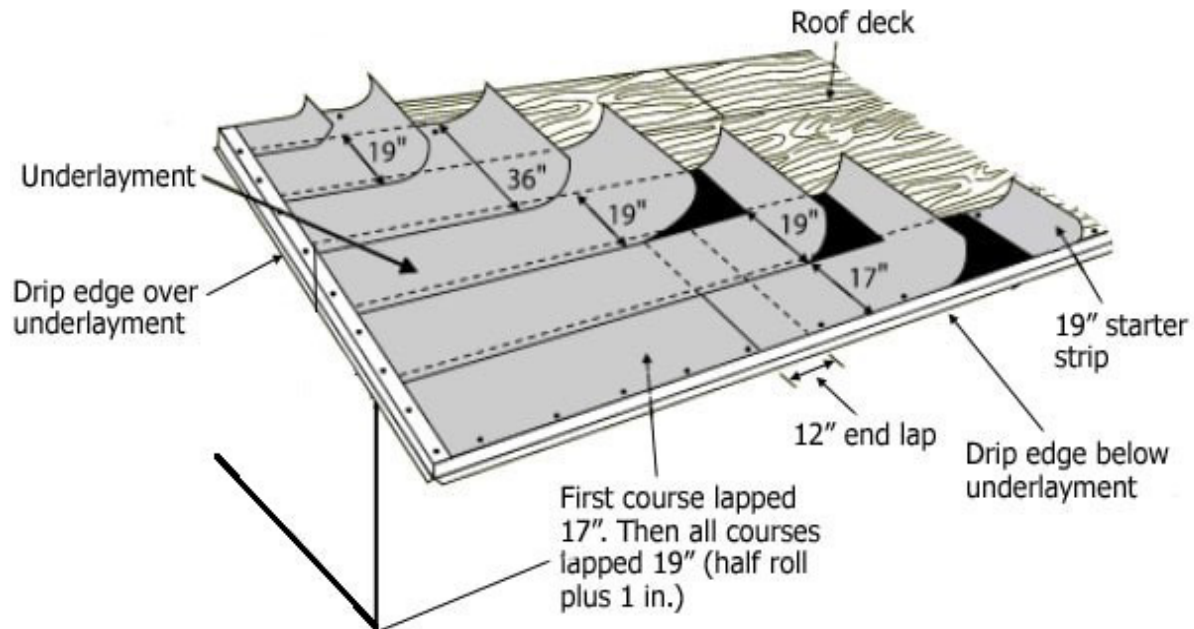
 Qualifier Name Qualifier Signature Date



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Double Layer Roofing Underlayment



*****THIS DIAGRAM IS ONLY FOR ILLUSTRATIVE PURPOSES.*****

*****ESTA DIAGRAMA ES SOLO PARA PROPOSITOS DE ACLARAR LA INSTALACION DEL DOBLE 30#.*****

POLICIES & PROCEDURES FOR SHINGLE/SHAKE ROOFS

The information provided herein serves to assist permit holders in understanding building code and building division policies affecting roof permits. Please contact the building division before commencing work if there are questions regarding code requirements.

WITH PRIOR APPROVAL BY THE BUILDING OFFICIAL, CONTRACTOR AFFIDAVITS AND ENGINEER CERTIFICATION OF INSPECTION CAN BE ACCEPTED FOR ROOF SHEATHING, ROOF METAL INSPECTIONS AND FLAT ROOFS. AFFIDAVIT TO BE ACCOMPANIED BY SUFFICIENT PHOTOGRAPHIC EVIDENCE AND DETAIL DEMONSTRATING COMPLIANCE WITH THE BUILDING CODE.

Asphalt composition shingles: Building code requirements specify that asphalt composition shingles (fiberglass shingles) shall resist 130 miles per hour wind speeds (per FBC-B 7th - Table 1507.2.7.1). The fiberglass shingles used must have product control approval from an approved agency and labeled for high wind resistance; must comply with ASTM D3161 Class F or ASTM D 7158 Class H).

AT ALL TIMES, roof coverings application to be on a solid or closely fitted deck. Re-roofing over existing space-sheathed roof decks is NOT permitted except by code (wood shingles & wood shakes as per FBC-B 7th - Sections 1507.8, R905.7, 1507.9 & R905.8) and shall require a sheath-over or re-sheath using structural grade panels (plywood) according to current Florida Building Codes.

- Sheath-over (applying plywood panels over any existing sheathing) requires Florida Registered Design Professional written specifications (i.e. nail or screw length and fastening pattern into framing members). Submittal of written specifications required at time of roofing permit application.
- Re-sheath (removal and replacement of plywood panels) requires use of minimum 19/32" plywood fastened with 8d ring-shank nails 4" O.C. at all plywood edges and 6" O.C. in field. If a different nailing pattern is used, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.
- Spaced board sheathing fill-in: spaces between existing spaced-sheathing boards may be filled in with boards of the same size and thickness to provide a closely fitted solid deck. New boards to be fastened in accordance with current code requirements.

Existing plywood sheathing shall be re-nailed prior to application of any underlayment including ASTM asphalt base sheet. Re-nailing requires use of minimum 8d ring-shank nails, 6" O.C. at plywood edges & 6" O.C. in field. If a more stringent nailing pattern is required, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.



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FLAT ROOF INSTALLATION WORKSHEET FORM - (FBC 8th Edition 2023)

SITE ADDRESS: _____

New Roof Re-Roofing Recover/Roof-Over Repair (DETAILS STILL REQUIRED)

Commercial Residential Flat Roof Area (In SQRS): _____

Flat Roof Deck Type: _____

- Enhanced Fastening Calculations by P.E./Arch./Roof Consultant Attached (REQUIRED FOR MIAMI-DADE NOA'S)
- Roof Moisture Survey Attached (REQUIRED FOR RECOVER/ROOF-OVER)
- Pull-Test Report Attached (REQUIRED FOR RECOVER/ROOF-OVER)
- N.D.L. Warranty (PROVIDED AT ROOF FINAL INSPECTION)

FLAT ROOF SYSTEM SPECIFICATIONS:

Built-Up Roof System/Modified Bitumen System

NOA or FL Product Approval Number: _____

System # (as listed on the Product Approval): _____

Insulation Layer(s) & Attachment: _____

Cover Board & Attachment: _____

Ply Sheets & Attachment: _____

Cap Sheet & Attachment: _____

Other: _____

Single-Ply System or Roof Coating

NOA or FL Product Approval Number: _____

System # (as listed on the Product Approval): _____

Insulation Layer(s): _____

Cover Board: _____

Other: _____

Applicant's Affidavit: I hereby certify that I have read the material on both pages of this document and have FULLY provided ALL the information requested.

Qualifier Name

Qualifier Signature

Date

POLICIES & PROCEDURES FOR FLAT ROOFS

The information provided herein serves to assist permit holders in understanding building code and building division policies affecting roof permits. Please contact the building division before commencing work if there are questions regarding code requirements.

WITH PRIOR APPROVAL BY THE BUILDING OFFICIAL, CONTRACTOR AFFIDAVITS AND ENGINEER CERTIFICATION OF INSPECTION CAN BE ACCEPTED FOR ROOF SHEATHING, ROOF METAL INSPECTIONS AND FLAT ROOFS. AFFIDAVIT TO BE ACCOMPANIED BY SUFFICIENT PHOTOGRAPHIC EVIDENCE AND DETAIL DEMONSTRATING COMPLIANCE WITH THE BUILDING CODE.

SLOPE & DRAINAGE:

FLAT ROOF SYSTEM CONSIDERED ANY ROOF SLOPE BELOW 2:12 PITCH.

POSITIVE DRAINAGE IS STILL REQUIRED PER FBC-EXISTING 7TH 2020 SECTION 706.1.

A VOW building permit does not ensure compliance with your homeowner's association's rules, regulations and/or deed restrictions. We advise you to obtain approval from your homeowner's association before improving your property. All re-roof permit applications shall contain an accurate description of the removal of existing roof covering and the new roofing material intended for replacement.

Existing plywood sheathing shall be re-nailed prior to application of any underlayment including ASTM asphalt base sheet. Re-nailing requires use of minimum 8d ring-shank nails, 6" O.C. at plywood edges & 6" O.C. in field. If a more stringent nailing pattern is required, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.

Ponding Water:

After a rain event, some water may remain on a roof and be evaporated within a short period of time. However, the current roof system and/or roof 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, if the system is not designed to allow ponding. Ponding conditions may not be evident until the original roofing system is removed. Ponding conditions should be addressed.

Overflow Scuppers:

It is required that rainwater flows off a roof, 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 are not provided. If required, and overflow scuppers were not required in the original construction, it may be necessary to install them to prevent the overloading of the roof.

Existing HVAC Systems:

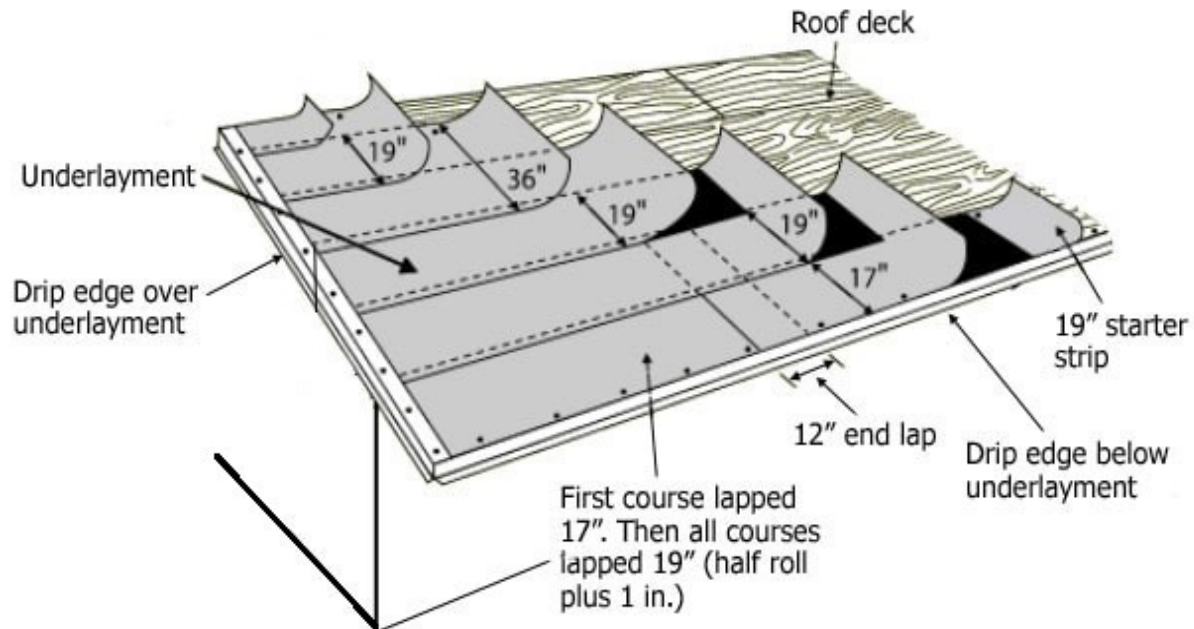
A separate or sub-mechanical permit is required for any removal and reinstallation of existing mechanical equipment.



Town of Manalapan

Building Department • 600 South Ocean Blvd., Manalapan, Florida 33462
Website: <http://www.manalapan.org> • Phone: 561-585-9477 • Fax: 561-585-9498

Double Layer Roofing Underlayment



*****THIS DIAGRAM IS ONLY FOR ILLUSTRATIVE PURPOSES.*****

*****ESTA DIAGRAMA ES SOLO PARA PROPOSITOS DE ACLARAR LA INSTALACION DEL DOBLE 30#.*****

POLICIES & PROCEDURES FOR METAL ROOFS

The information provided herein serves to assist permit holders in understanding building code and building division policies affecting roof permits. Please contact the building division before commencing work if there are questions regarding code requirements.

WITH PRIOR APPROVAL BY THE BUILDING OFFICIAL, CONTRACTOR AFFIDAVITS AND ENGINEER CERTIFICATION OF INSPECTION CAN BE ACCEPTED FOR ROOF SHEATHING, ROOF METAL INSPECTIONS AND FLAT ROOFS. AFFIDAVIT TO BE ACCOMPANIED BY SUFFICIENT PHOTOGRAPHIC EVIDENCE AND DETAIL DEMONSTRATING COMPLIANCE WITH THE BUILDING CODE.

AT ALL TIMES, roof coverings application to be on a solid or closely fitted deck. Re-roofing over existing space-sheathed roof decks is NOT permitted except by code AND product approvals and may require a sheath-over or re-sheath using structural grade panels (plywood) according to current Florida Building Codes.

- Sheath-over (applying plywood panels over any existing sheathing) requires Florida Registered Design Professional written specifications (i.e. nail or screw length and fastening pattern into framing members). Submittal of written specifications required at time of roofing permit application.
- Re-sheath (removal and replacement of plywood panels) requires use of minimum 19/32" plywood fastened with 8d ring-shank nails 4" O.C. at all plywood edges and 6" O.C. in field. If a different nailing pattern is used, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.
- Spaced board sheathing fill-in: spaces between existing spaced-sheathing boards may be filled in with boards of the same size and thickness to provide a closely fitted solid deck. New boards to be fastened in accordance with current code requirements.

Existing plywood sheathing shall be re-nailed prior to application of any underlayment including ASTM asphalt base sheet. Re-nailing requires use of minimum 8d ring-shank nails, 6" O.C. at plywood edges & 6" O.C. in field. If a more stringent nailing pattern is required, provide a specification letter signed, sealed and signature dated by a Florida Registered Design Professional.



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AFFIDAVIT FOR RE-ROOF OF SINGLE-FAMILY RESIDENTIAL STRUCTURES (NOT FOR USE BY OWNER-BUILDER)

WITH PRIOR APPROVAL FROM THE BUILDING OFFICIAL, CONTRACTOR AFFIDAVITS AND ENGINEER CERTIFICATION OF INSPECTION MAY BE ACCEPTED FOR ROOF SHEATHING AND ROOF METAL (UNDERLAYMENT) INSPECTIONS AND FLAT ROOFS.

The following conditions and documents must be satisfied for acceptance of the affidavit

- The affidavit is supported by digital photographs identifying the structure and permit number
- Photographs demonstrate compliance with 2023 FBC 8th Edition and approved permit documents
- Affidavit and digital photographs submitted via email to permits@loxahatcheegrovesfl.gov prior to The Roof In Progress Inspection

I _____ the Contractor/Qualifier do affirm and certify that the roofing system installed under the permit number _____ and located at _____

_____ was installed under my supervision; and the roofing system complies with Chapter 9 of the 10 Florida Building Code Residential, Chapter 6, Section 611 of the Florida Building Code, Existing Building, and the approved Product Approval. The roofing system as installed is described in the following sections:

Roofing Category Scope of Roofing Work (Check/Complete all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Asphalt Shingles | <input type="checkbox"/> Flat Roof (membrane, built-up, etc.) |
| <input type="checkbox"/> Mechanically Fastened Tile | <input type="checkbox"/> Mortar/Adhesive Set Tile |
| <input type="checkbox"/> Metal Panels/Shingles | <input type="checkbox"/> Wood Shingles/Shakes |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Wood structural panel sheathing has been fastened to roof framing with 8D ring-shank nails at 6 inches on center at the edges and 6 inches on center at intermediate framing.

Roof diaphragm evaluated for insufficient or deteriorated connections? _____

Roof diaphragms in need of replacement? _____ Approx. square footage: _____

What type of material was used to replace the deficient roof diaphragms? _____

- Roof secondary water barrier was installed per FBC 2023 8th Edition section R 908.7.2
- Roof-to-wall connection was required and completed per FBC 2023 8th Edition section R 908.

Qualifier's Name (Please Print)

Qualifiers Signature

License #: _____

Date: _____

STATE OF FLORIDA COUNTY OF PALM BEACH

This document was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20_____

by _____, whom do I personally know or who has
Name of Person Acknowledging

produced _____ as identification and who did/did not take an oath.
Type of I.D.

SEAL

(Signature of person taking acknowledgement)

(Name of officer taking acknowledgment typed, printed or stamped)