



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

RESIDENTIAL NEW CONSTRUCTION/ADDITION APPLICATION CHECKLIST FORM (FBC 8th Edition 2023)

THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING

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

- Completed Building Permit Application
- Owner/Builder Affidavit, if applicable
- Notice of Commencement
- Cost estimate on contractor letterhead. The cost estimate must include a description of the work and a breakdown of costs.
- Sub Permit Applications (Electrical
- Legible and current copy of Survey clearly showing where the structure will be constructed. One (1) site plan drawn to scale and/or one (1) signed and sealed survey, showing existing and proposed structures, dimensions from all property lines, use of adjoining properties, driveway(s), swales, flood zones and grades for drainage.
- Construction documents/plans. (When plans are required to be prepared by registered design professional, then plans must be signed, sealed, dated and have a digitally verifiable signature.)
- Roof Material Worksheet for all proposed roofing systems (i.e. tile, shingles, flat, metal)
- Full and complete Product Approvals
- Complete Energy Calculations and Manual "J" load calculations
- Elevation Certificate, if constructed within Special Flood Hazard Area (SFHA)
- Zone V Design Certificate
- Health Department approval, if on septic system
- ARCOM, TCOM Approval Letter

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 _____

Note: The V Zone design certificate is not a substitute for the NFIP Elevation Certificate (see Fact Sheet No. 1.4, *Lowest Floor Elevation*), which is required to certify as-built elevations needed for flood insurance rating.

V ZONE DESIGN CERTIFICATE

Name _____ Policy Number (Insurance Co. Use) _____

Building Address of Other Description _____

Permit No. _____ City _____ State _____ Zip Code _____

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. _____ Panel No. _____ Suffix_ FIRM Date _____ FIRM Zone(s) _____

SECTION II: Elevation Information Used for Design

[NOTE: This section documents the elevations/depths used or specified in the design – it does not document surveyed elevations and is not equivalent to the as-built elevations required to be submitted during or after construction.]

- 1. FIRM Base Flood Elevation (BFE) _____ feet*
- 2. Community's Design Flood Elevation (DFE)..... _____ feet*
- 3. Elevation of the Bottom of Lowest Horizontal Structure Member _____ feet*
- 4. Elevation of Lowest Adjacent Grade _____ feet*
- 5. Depth of Anticipated Scour/Erosion used for Foundation Design..... _____ feet
- 6. Embedment Depth of Pilings of Foundation Below Lowest Adjacent Grade _____ feet

* Indicate elevation datum used in 1-4: NGVD29 NAVD88 Other _____

SECTION III: V Zone Design Certification Statement

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE.
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood***. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Design Certification Statement

[NOTE. This section must be certified by a registered engineer or architect when breakaway walls are designed to have a resistance of more than 20 psf (0.96 kN/m2) determined using allowable stress design]

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of breakaway walls to be constructed under the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood***.
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (see Section III).

SECTION V: Certification and Seal

This certification is to be signed and sealed by a registered professional engineer or architect authorized by law to certify structural designs. I certify the V Zone Design Certification Statement (Section III) and _____ the Breakaway Wall Design Certification Statement (Section IV, check if applicable).

Certifier's Name _____ License Number _____

Title _____ Company Name _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____ Telephone _____

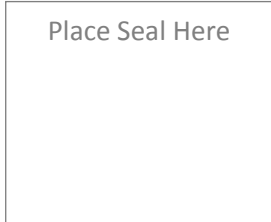


TABLE 2 GC

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)



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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.

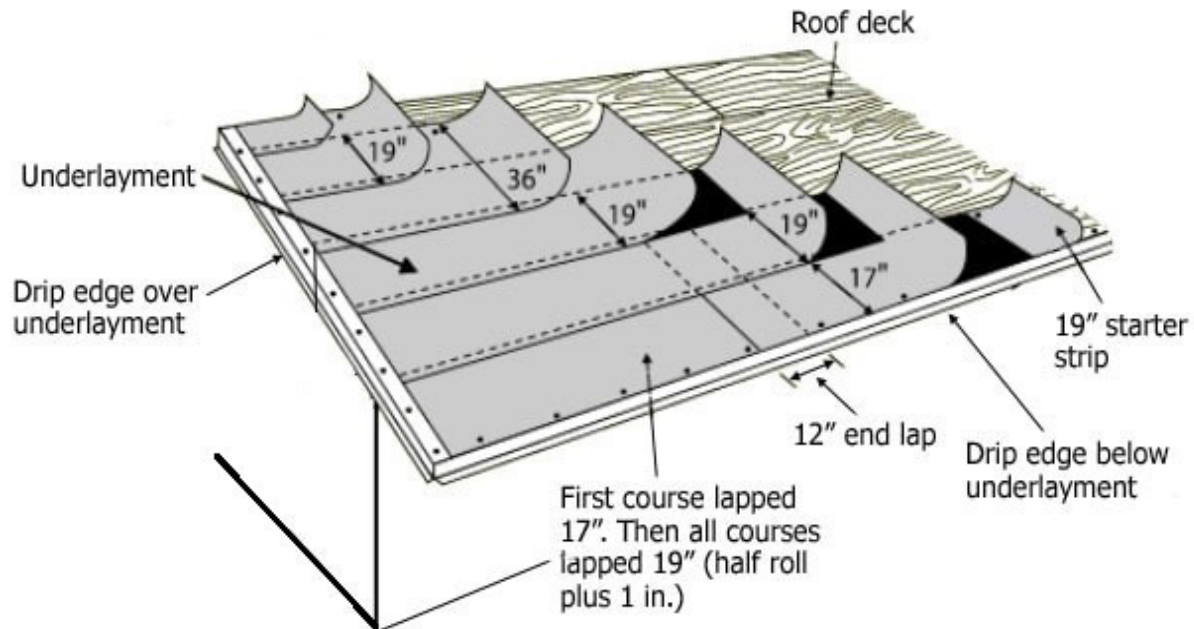
 Qualifier Name Qualifier Signature Date



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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#.*****



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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

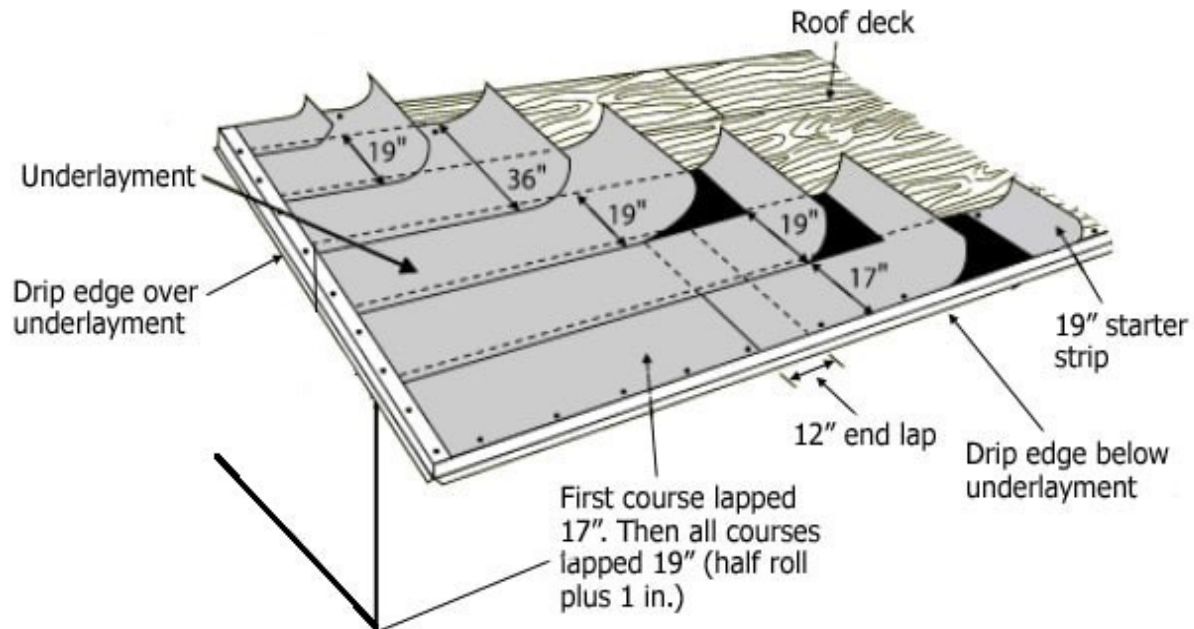
Date



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Double Layer Roofing Underlayment



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



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WINDOW / DOOR / STORM SHUTTER WORKSHEET FORM - (FBC 8th Edition 2023)

SITE ADDRESS: _____

SELECT ALL THAT APPLY:

- Windows Doors (Swinging, Sliding)
 Accordion Shutters Doors (Overhead, Garage)
 Hurricane Panels

Window/Door Types:

- SH – Single Hung
- DH – Double Hung
- FIX – Fixed
- HR – Horizontal Roller
- SGD – Sliding Glass Door
- FD – French Door
- CAS – Casement
- AW – Awning
- OH – Overhead

REQUIRED DESIGN PRESSURES:

*****DESIGN PRESURES EITHER TO MATCH THIS TABLE -OR- BY SEPARATE CALCULATIONS.*****

WINDOWS, DOORS & SHUTTERS (EXCLUDING OVERHEAD/GARAGE DOORS)				ONLY OVERHEAD (GARAGE) DOORS			
Interior Wind Zone - 4		Corner Wind Zone - 5		9' Wide X 7' High		16' Wide X 7' High	
Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
+ 43.68	- 47.32	+ 43.68	- 58.52	+ 38.6	- 43.7	+ 37.0	- 41.2

FOR BUILDING WITH MEAN ROOF HEIGHT (h) UP TO 30 FEET (EXPOSURE C @ 170 MPH).

VARIATIONS TO THESE PRESSURES TO BE BY SEPARATE CALCULATIONS.

Opening # <small>(Numerical ONLY)</small>	Wind Zone	Window & Door Type	Opening Dimensions (W x H)	Bedroom Egress Required	Required Design Pressures		Pressures listed on Product Approval		Product Approval #
					+	-	+	-	
1	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
2	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
3	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
4	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
5	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
6	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
7	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
8	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
9	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
10	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					

Additional Openings Needed on Continued Pages

Applicant's Affidavit: I hereby certify that I have read, understood and accepted the material on ALL pages of this document including "Policies & Procedures" on Page 4 and "Egress Requirements" on Page 5 and have FULLY provided ALL the information requested on this form.

Qualifier Name

Qualifier Signature

Date

WINDOW / DOOR / SHUTTER WORKSHEET FORM – (CONTINUED)

Opening # <small>(Numerical ONLY)</small>	Wind Zone	Window & Door Type	Opening Dimensions (W x H)	Bedroom Egress Required	Required Design Pressures		Pressures listed on Product Approval		Product Approval #
					+	-	+	-	
11	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
12	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
13	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
14	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
15	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
16	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
17	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
18	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
19	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
20	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
21	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
22	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
23	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
24	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
25	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
26	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
27	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
28	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
29	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
30	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
31	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
32	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
33	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
34	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
35	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					

Additional Openings Needed on Continued Pages

WINDOW / DOOR / SHUTTER WORKSHEET FORM – (CONTINUED)

Opening # <small>(Numerical ONLY)</small>	Wind Zone	Window & Door Type	Opening Dimensions (W x H)	Bedroom Egress Required	Required Design Pressures		Pressures listed on Product Approval		Product Approval #
					+	-	+	-	
36	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
37	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
38	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
39	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
40	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
41	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
42	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
43	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
44	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
45	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
46	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
47	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
48	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
49	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
50	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
51	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
52	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
53	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
54	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
55	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
56	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
57	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
58	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
59	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					
60	<input type="checkbox"/> 4 5			<input type="checkbox"/> Yes					

Additional Openings Needed on Continued Pages



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

WINDLOADS FOR SINGLE FAMILY, DUPLEX & TOWNHOUSE FORM PER TABLE R301.2(2) - FBC RESIDENTIAL - 7TH ED. 2020

FOR BUILDING WITH MEAN ROOF HEIGHT (h) UP TO 30 FEET:

V _{ult} 170 MPH	Exposure "C"	Interior Zone 4		Corner Zone 5 *	
		Pos.	Neg.	Pos.	Neg.
		+ 43.68	- 47.32	+ 43.68	- 58.52

* (Zone 5 is any opening within the corner distance from any corner.)

MEASURED FIGURES (OR FROM PLANS):

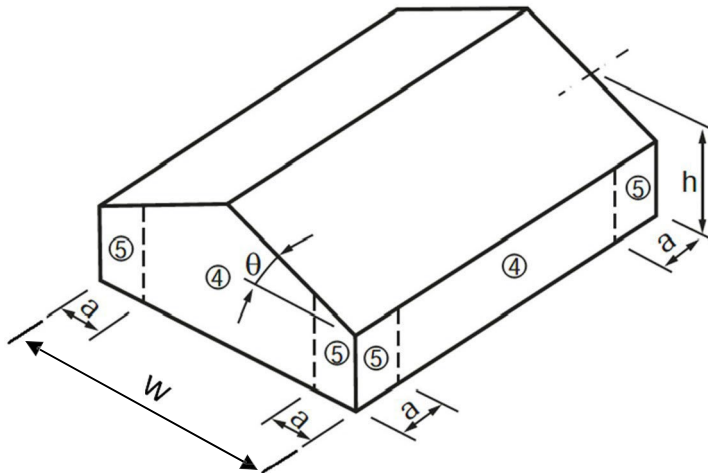
Mean Roof Height (h): _____ FT Width (w): _____ FT (narrowest side of building)

CALCULATED / DETERMINED FIGURES (PER ASCE 7-10):

a_h = Mean Roof Height X 0.4 = _____ FT **a_w** = Width X 0.1 = _____ FT

a_L = Lesser Value between **a_h** and **a_w** = _____ FT

a = Corner Distance = Greater Value between **a_L** and **3 Feet** = _____ FT



GARAGE DOOR LOADS FROM TABLE R301.2(4) – BUILDING WITH MRH UP TO 30 FEET BASIC WIND SPEED (V_{ult}) 170 MPH – 3 SECOND GUST

Roof Angle >0 Degrees Effective Area:		Exposure "C"	
Width (Ft)	Height (Ft)	Pos.	Neg.
9	7	+ 38.6	- 43.7
16	7	+ 37.0	- 41.2



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IMPORTANT REQUIREMENTS FOR EXISTING **EGRESS WINDOWS**

FLORIDA BUILDING CODE 8TH EDITION, RESIDENTIAL SECTION R310 EMERGENCY ESCAPE AND RESCUE OPENINGS

R310.1 Emergency escape and rescue required.

- Every sleeping room shall have at least one operable emergency escape and rescue opening.
- Emergency escape and rescue openings shall have a sill height of not more than 44 inches (1118mm) above the floor in accordance with Section R310.2.2.
- Emergency escape and rescue openings shall open directly into a public way, or to a yard or court that opens to a public way or into a screen enclosure, where a screen door is provided leading away from the residence.

EXCEPTION (PER FLORIDA BUILDING CODE 8th EDITION, EXISTING SECTION 702.5.)

702.5 Replacement window for Emergency escape and rescue openings:

Where windows are required to provide emergency escape and rescue openings in Group R-2 and R-3 occupancies and one and two-family dwellings and townhouses regulated by the Florida Building Code, Residential, replacement windows shall be exempt from the requirements of Sections 1030.2 and 1030.3 of the Florida Building Code, Building and Sections R310.2.1, R310.2.2 and R310.2.3 of the Florida Building Code, Residential accordingly, provided the replacement window is the manufacturer's largest standard size window that will fit within the existing frame or existing rough opening. The replacement window shall be permitted to be of the same operating style as the existing window or a style that provides for an equal or greater window opening area than the existing window. Where the replacement of the window is part of a change of occupancy, it shall comply with section 1012.5.6.

702.5.1 Control Devices. Window-opening control devices complying with ASTM F2090 shall be permitted for use on windows required to provide emergency escape and rescue openings. After operation to release the control device allowing the window to fully open, the control device shall not reduce the net clear opening area of the window unit. Emergency escape and rescue opening shall be operational from the inside of the room without the use of keys or tools.

R310.1.1 Operational constraints and opening control devices. Emergency escape and rescue openings shall be operational from the inside of the room without the use of keys, tools or special knowledge. Window opening control devices and fall prevention devices complying with ASTM F2090 shall be permitted for use on windows serving as a required emergency and rescue opening.