



CITY OF Boca Raton

BUILDING DEPARTMENT

SUPPLEMENTAL ROOFING INFORMATION PACKAGE

SUMMARY

COMPLETE THE NECESSARY SECTIONS OF THIS FORM FOR A BOCA RATON ROOFING PERMIT. **A COPY OF THIS FORM WITH ORIGINAL SIGNATURES MUST BE ATTACHED TO THE ROOFING PERMIT APPLICATION, WITH ALL THE REQUIRED DOCUMENTS AS NOTED BELOW.**

Roof system	Required sections of the Permit application Form	Attachments required See list below
Built-up or modified	A,B,D	1,2,3,4,5,6
Asphalt Shingles	A,B,C	1,2,4,5
Concrete or Clay Tile	A,B,C,E	1,2,3,4,5
Metal Roofs	A,B,C	1,2,3,4,5
Wood Shingles or Shakes	A,B,C	1,2,4,5
Other	As Applicable	As Applies : 1,2,3,4,5,6

ATTACHMENTS REQUIRED

1. Building Permit Application
2. Product Approval information
 - Product Approval, Cover Sheet
 - Product Approval, **Specific** System Description
 - Product Approval, **Specific** System limitations
 - Product Approval, General Limitations of use
3. Roof uplift pressures and attachment per FBC-Res R301, FBC- Bldg 1609, ASCE 7-16, FRSA/TRI 6th Edition as applicable
4. Roofing Accessories Product Approvals (ridge vents, turbines, mechanical stands, etc.)
5. Mating detail (tie-in) for partial re-roof installations (if applicable)
6. Enhanced nailing details for flat roofs or engineered requirements
7. Skylight replacements
 - Indicate size, location, zone, and wind load on roof sketch (Section B) of the proposed skylight
 - Provide current NOA or Florida Product approval including installation instructions and maximum design pressure of the proposed skylight.

Any other additional data required for the integrity of the roofing system to be determined.



**SUPPLEMENTAL ROOFING
INFORMATION PACKAGE (Cont.)
Section A
(General Information)**

Application Number _____

Contractor's Name: _____ License # : _____
(required)

Owner's Name: _____ Job Address _____

Use Of Building:

1 or 2 Family Multi-Family (3 or more units) Non-Residential

Exposure Category: C D Existing Roofing Type (Mat'l): _____

Hip Gable Monoslope

Roof Type:

New Roof Re-Roofing/ Re-Covering - Attach Mitigation Package Repair _____ (% of Roof)

Roof Slope: ____/12 Deck Type _____ Roof Height: _____

Roofing Covering (Check all that are applicable to this permit application):

Flat roof Mechanically Fastened Tile Mortar/Foam Set tile

Asphalt Shingles Metal Panel/shingle Wood Shingles/shakes

Other: _____

Area of roofing work by slope (Complete all that apply):

Flat Roof Area (<2"/12") _____ sf Steep Slope Roof Area (≥4"/12) _____ sf

Low Slope Roof Area (>2"-4"/12") _____ sf Total Roof Area, This Perm _____ sf

CERTIFICATION:

All information supplied on any or all of the six pages of this form, or supplied by any other means, is true and correct.

Qualifier's Name _____ Signature _____ Date _____

Property Owners Name _____ Signature _____ Date _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _ (Date)

By Who is personally known to me _ or has produced ID_

(Name of Person Acknowledging) (Type of ID)

(Signature and Seal of person taking Acknowledgment)

STAMP:





SUPPLEMENTAL ROOFING INFORMATION PACKAGE (Cont.)

Section B

Sketch Roof Plan: Illustrate all levels and sections. Include dimensions of sections and levels; clearly identify dimensions of elevated pressure zones and location of parapets and expansion joints. If applicable, identify size, location, zone, and wind load of skylight.

For Sloped Roof identify Zone 1, 2e, 2n, 2r, 3e and 3r

For Flat Roof identify Zone 1¹, 1, 2, and 3



SUPPLEMENTAL ROOFING INFORMATION PACKAGE (Cont.)

Section C

(Low & Steep Sloped Roof System)
(L.S. => 2" to 4" in 12") (S.S. = > 4" in 12")

ROOF COVERING MANUFACTURER: _____

Product Approval #: _____ Product _____

Minimum Design Wind Pressures (if applicable)

Zone 1: _____ Zone 2e: _____ Zone 2n: _____ Zone 2r: _____ Zone 3e: _____ Zone 3r: _____

UNDERLAYMENTS:

_____ 4" s/a ASTM D1970 _____ 3 3/4" flex tape AAMA 711

Base Sheet: _____

Product Approval #: _____
(if required)

Head lap in inches: _____

Fasteners:
Lap @ _____ o.c. Field _____ Rows @ _____ o.c.

Cap Sheet: _____

Product Approval #: _____

Other: _____

Product Approval #: _____

ROOF COVERING ATTACHMENT METHOD:

Mechanically Fastened Tile:
(Type & number of fasteners per tile)

Asphalt Shingles:
(Number of fasteners per shingle)

If tile is proposed, specify hip & ridge support attachments. _____

Mortar/Foam Set Tile:

Manufacturer/Product: _____

Metal Panel/Shingle:

Product Approval # _____

Clip or fastener spacing for metal roof panels

Tile Profile: _____

Field: _____ Perimeter: _____ Corners: _____

Patty size: _____

Hook strip/cleat Ga. Or Weight _____

Drip Edge: (Size & Fastener Spacing) : _____

Skylight: (Size, Manufacturer, Product Approval#: _____

Ridge Vent Product Approval # _____



SUPPLEMENTAL ROOFING INFORMATION PACKAGE (Cont.)

Section D Flat Roof Information (Built-up or Modified $\leq 2/12$)

Fill in all the specific roof assembly components. If a component is not required, state not applicable (N/A) on the line.

Roof System Manufacturer: _____ Product Approval #: _____

System # : _____

Roof Height: _____

Roof Pressures: Zone 1¹: _____ Zone 1: _____ Zone 2: _____ Zone 3: _____

Maximum Design Pressure from the specific product approval system: _____

(If less than required Roof Pressures provide Anchor/Base Sheet enhanced fastener calculations)

Deck Type : _____ Support Spacing: _____

Wood Nailer : _____ Nailer Fastener Type and Spacing : _____

Fire or Vapor Barrier : _____

Insulation Base Layer size & Thickness: _____ Fastener/Bonding Mat'l _____

Insulation Top Layer Size & Thickness: _____ Fastener/Bonding Mat'l _____

Fastener # Per Insulation Board : Zone 1¹ _____ Zone 1 _____ Zone 2 _____ Zone 3 _____

Fastener Type: _____

Ply Sheet(s) & # of Ply(s): _____ Fastener/Bond'g Mat'l: _____

Anchor/Base Sheet & # of Ply(s): _____ Fastener/Bond'g Mat'l: _____

Fastener Spacing for Anchor/Base Sheet Attachment :

Zone 1¹: _____ "o/c @ laps & _____ rows @ _____ "o/c

Zone 1: _____ "o/c @ laps & _____ rows @ _____ "o/c

Zone 2: _____ "o/c @ laps & _____ rows @ _____ "o/c

Zone 3: _____ "o/c @ laps & _____ rows @ _____ "o/c

Top Ply : _____ Fastener/Bond'g Mat'l _____

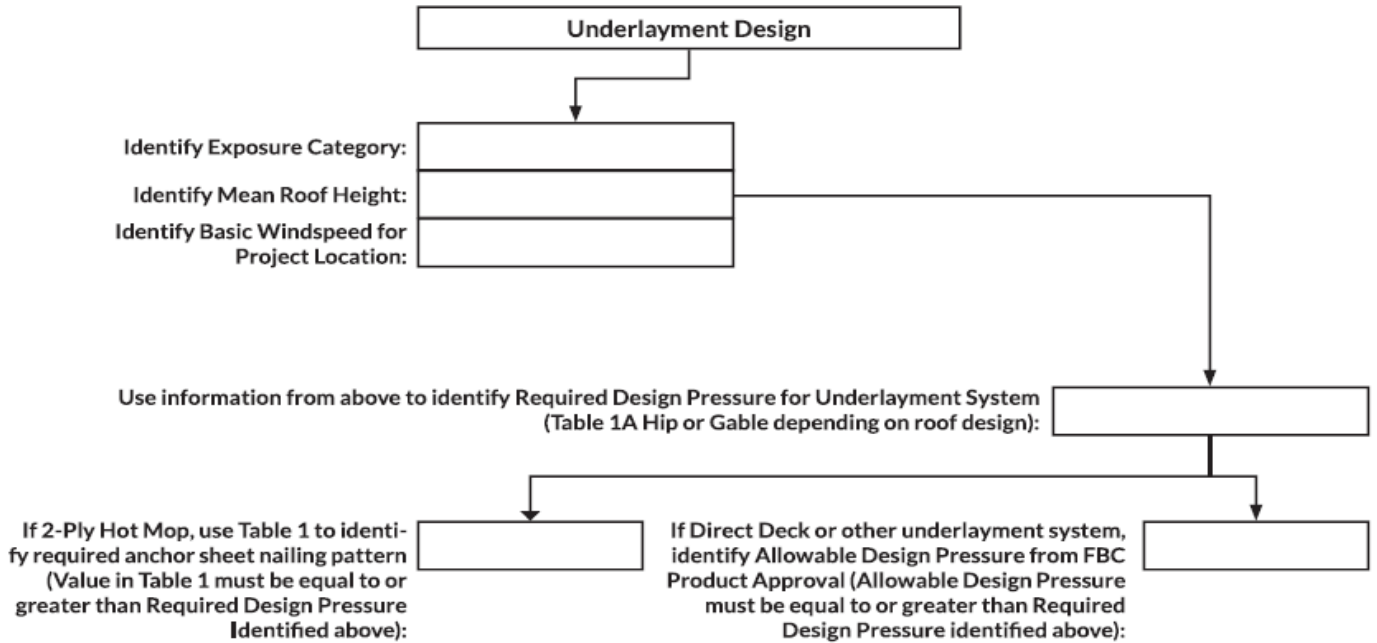
Drip Edge : (Size & Fastening Spacing) _____



SUPPLEMENTAL ROOFING INFORMATION PACKAGE (Cont.)

Section E (For use with FRSA/TRI Systems)

ROOF PROJECT DESIGN FLOW CHART



Tile Design

	Gable or Hip?	Exposure?
Identify Proper Table 2	Table 2	G/H
		B/C/D
Example: Hip Roof in Exposure B would be Table 2 HB		

