



Form 200 – Reroofing Installation Summary Form

Concrete or Clay Tile

(NEW CONSTRUCTION – INCLUDE FORM 200 IF “REVISION” OR ROOFING SUB-PERMIT” IS REQUIRED ON THE PLANS FOR A NEW STRUCTURE)

Site Address: _____

Sloped Roof Pitch _____, 12* Mean Roof Height _____ ft Sloped Roof Area (SQRs) _____

Roof Design Gable Roof Design Pressures LPZ _____

Hip Roof (Obtained from Tables on Page 2) HPZ _____

Aerial Depiction of Structure is included (per Google Earth, Pictometry, Eagle View etc.)

**SUPPLEMENTAL Details and Information (Identify all items related to the site-specific conditions)

MANDATED RETROFITS-Existing Wood decks, include Mandated Roof-to-Wall Connection Retrofit Form

Tie-In Detail (FL LICENSED ENGINEER or ROOFING CONSULTANT) Repair (<25 ROOF AFEA – INCLUDE DETAILED SCOPE-OF-WORK)

Re-Nail Deck (IF STRUCTURE WAS PERMITTED PRIOR TO 5/1/99) Battens (ENGINEERING DETAILS ATTACHED)

Skylights/Vents/etc. (REPLACEMENT ONLY) Provide FL or NOA # _____ (ATTACHED)

FLAT Roof Deck portion included in Reroofing Scope (PROVIDE FORM 400-FLAT ROOF)

Base Sheet/Cap Sheet Specifications (Identify One System)

<input type="checkbox"/> Double Ply		<input type="checkbox"/> Single Ply
Base Sheet	Cap Sheet	Direct to Direct
Type _____	<input type="checkbox"/> Self-Adhered <input type="checkbox"/> Other	<input type="checkbox"/> Self-Adhered
<input type="checkbox"/> Mechanically Attached <input type="checkbox"/> Self-Adhered (Exposure NOT to Exceed 90 Days)	<input type="checkbox"/> Heat Applied <input type="checkbox"/> Cold Applied <input type="checkbox"/> Hot Mop FL or NOA # _____ System _____	Type _____ FL or NOA # _____ System _____

Roof Tile Specifications

Manufacturer	Product Name	Material Type	NOA or FL Approval #

Roof Tile Attachment (Attachment details SHALL be identified/circled in Product Approval)

MECHANICAL	FOAM ADHESIVE*	MORTAR*
Per <input type="checkbox"/> FRSA or <input type="checkbox"/> NOA	FL or NOA # _____	FL or NOA # _____
<input type="checkbox"/> _____ # Ring Shank Nails	Paddy	Allowable Moment Resistance
<input type="checkbox"/> _____ # Smooth Shank Nails, w/clip	<input type="checkbox"/> Single	_____ (f-lbf)
<input type="checkbox"/> _____ # 8 Screws	<input type="checkbox"/> Double	Per <input type="checkbox"/> FRSA or <input type="checkbox"/> NOA
	Paddy Size _____	
	Paddy Weight (g) _____	
	Moment Resistance (ft-lbf) _____	

*Slopes over 6/12 require additional mechanical fasteners (per FL/NOA – FRSA manual or RAS 120, as applicable)

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 _____

TABLE 2 GC

Gable Roof – ASCE 7-16

Exposure C – Tile Factor = 1.407 ft³

Roof Slopes	Mean Roof Height (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

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 Height (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

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)

****FOR MEAN ROOF HEIGHTS OVER 60', DESIGN PRESSURES MUST BE DETERMINED BY DESIGN PROFESSIONAL**

SIMPLIFIED ROOF UPLIFT CHART FOR ROOFING APPLICATIONS

This simplified chart represents the worst-case wind pressures for the various roof slopes and heights. This chart is based on a Tributary Area = 10 SF which is required for roofing applications. If the roof height is less than 30 feet, but not exactly 15, 20, or 25 feet, you will need to go to the next higher roof height. If your roof is higher than 30 feet, these charts do not apply. Refer to Roof Chart Diagrams on Page 1 for Roof Zone Locations.

MEAN ROOF HEIGHT = 15 FEET

Flat Roof		Gable Roof			Hip Roof			
		1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51 to 4:12		4.1 to 6:12
Positive*	15.4/38.0	Positive 23.2		Positive 23.2	Positive 34.7	Positive 28.3		Positive 28.3
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-60.5	1, 2e	-70.1	-54	-63.7	1	-63.7	-50.8
1'	-34.8	2n & 2r	-102	-86.2	-70.1	2e	-89.4	-70.1
2	-79.8	3e	-102	-86.2	-86.7	2r	-83	-70.1
3*	-109	3r	-102	-102	-70.1	3	-89.4	-70.1

MEAN ROOF HEIGHT = 20 FEET

Flat Roof		Gable Roof			Hip Roof			
		1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51 to 4:12		4.1 to 6:12
Positive*	16.4/40.3	Positive 24.6		Positive 24.6	Positive 36.9	Positive 30.1		Positive 30.1
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-64.2	1, 2e	-74.5	-57.4	-67.7	1	-67.6	-54
1'	-36.9	2n & 2r	-109	-91.5	-74.5	2e	-95	-74.5
2	-84.8	3e	-109	-91.5	-92.1	2r	-88.1	-74.5
3*	-116	3r	-129	-108	-74.5	3	-95	-74.5

MEAN ROOF HEIGHT = 25 FEET

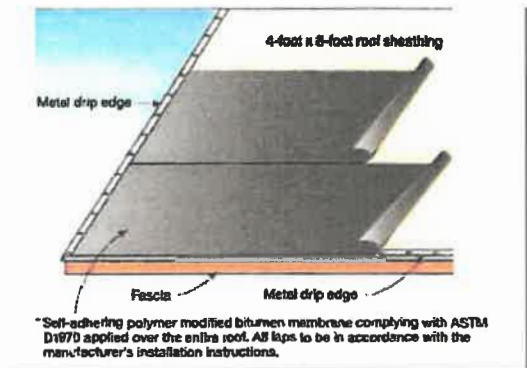
Flat Roof		Gable Roof			Hip Roof			
		1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51 to 4:12		4.1 to 6:12
Positive*	17.2/42.3	Positive 25.8		Positive 25.8	Positive 38.7	Positive 31.5		Positive 31.5
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-67.3	1, 2e	-78.1	-60.2	-70.9	1	-70.9	-58.6
1'	-38.7	2n & 2r	-114	-96	-78.1	2e	-99.6	-78.1
2	-88.8	3e	-114	-96	-96.6	2r	-92.4	-78.1
3*	-121	3r	-135	-113	-78.1	3	-99.6	-78.1

MEAN ROOF HEIGHT = 30 FEET

Flat Roof		Gable Roof			Hip Roof			
		1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51 to 4:12		4.1 to 6:12
Positive*	17.9/43.9	Positive 26.8		Positive 26.8	Positive 40.2	Positive 32.8		Positive 32.8
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-70	1, 2e	-81.1	-62.6	-73.7	1	-73.7	-58.8
1'	-40.2	2n & 2r	-118	-99.8	-81.1	2e	-103	-81.1
2	-92.3	3e	-118	-99.8	-100	2r	-96	-81.1
3*	-126	3r	-141	-118	-81.1	3	-103	-81.1

*1) Parapet >= 3 ft occurs around entire building use the same Zone 2 pressure for Zone 3 and use the higher positive pressure shown.

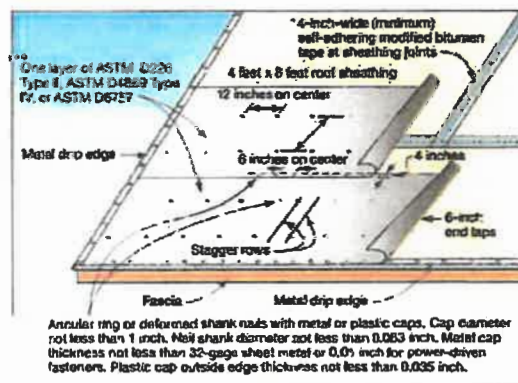
Underlayment Options (CIRCLE One)



Source: FEMA Hurricane Michael in Florida Recovery Advisory 2

Sealed Roof Deck Option A

[NOTE: A is NOT an Option for Wood Shake/Shingle]

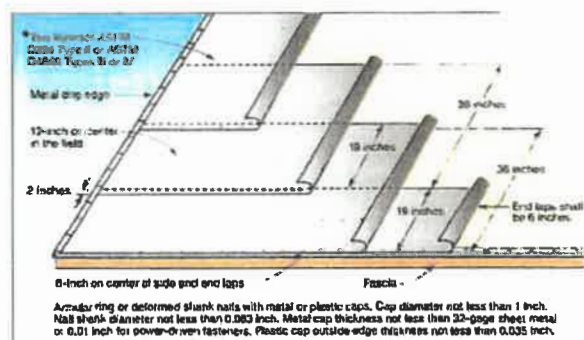


Source: FEMA Hurricane Michael in Florida Recovery Advisory 2

*3 1/4 inch AAMA 711 flashing tape is also permitted.

**Synthetic underlayment meeting the performance requirements specified in Option E may also be used.

Sealed Roof Deck Option B or C



Source: FEMA Hurricane Michael in Florida Recovery Advisory 2

*Synthetic underlayment meeting the performance requirements specified in Option E may also be used.

Sealed Roof Deck Option D or E

[NOTE: E is NOT an Option for Wood Shake/Shingle]

226 Cypress Lane, Palm Springs, FL 33461
Phone (561) 584-8200 x8460



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Planning, Zoning & Building
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ASBESTOS NOTIFICATION STATEMENT
(Required for **ALL** Demolitions and/or Renovations)

Per the Florida Building Code 105.9, each permit for the demolition or renovation of an existing structure shall contain an asbestos notification statement. The statement must indicate the owner's/operator's responsibility to comply with the provisions of Florida Statute 469.003. The owner/operator must notify the Palm Beach County Health Department of the intention to remove asbestos, when applicable, in accordance with state and federal law.

Written notification is required to be submitted to the Palm Beach County Health Department ten (10) working days prior to the commencement of any demolition or regulated renovation activity pursuant to Section 469 Florida Statutes.

For further information please contact:

Palm Beach County Health Department
Asbestos Program Coordinator
Air Pollution Control
800 Clematis Street
West Palm Beach, FL 33402
(561) 837-5900

By signing the application and permit for construction you certify that you have complied, or will comply with all Federal, State, and local laws and regulations pertaining to asbestos. You further understand that any violations of these requirements can result in monetary penalties to the building owners, lessees and their respective contractors. Additional penalties for failing to comply with asbestos rules may include criminal prosecution under federal law and contractor license forfeit/suspension under state law.

Job Address: _____

Company Name: _____

License #: _____ Phone #: _____

Permit #: _____ Date: _____

Applicants Signature: _____

Applicants Name Printed: _____



Village of Palm Springs

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SECTION 1524

WINDBORNE DEBRIS REGION – REQUIRED OWNERS NOTIFICATION FOR ROOFING CONSIDERATIONS

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* (and Chapter 6 of the *Florida Existing Building Code*) 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: The provisions of Chapter 15 (Roof Assemblies) are for the purpose of providing that the roofing system meets the wind resistance and water intrusion performance standards. Aesthetics (appearance) are not a consideration with respect workmanship provisions. Aesthetic issues such as color or architectural appearance, that not part of a zoning code, should be addressed as part of the agreement between the and the

2. Remailing wood decks: When replacing roofing, the existing wood roof deck has to be renailed in accordance with the current provisions of Chapter 16 (Structural Design) of the Florida Building Code. (The roof deck is usually concealed prior to removing the existing roof system).

3. Common roofs: Common roofs are those which have no visible delineation between neighboring units (i.e. townhouses, condominiums, etc.). In buildings with common roofs, the roofing contractor and/or owner should notify the occupants of adjacent units of roofing work to be performed.

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 owner provides the option of maintaining this appearance.

5. Ponding Water: The current roof system and/or 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. Ponding conditions may not be evident until the original roofing system is removed. Ponding conditions should be corrected.

6. Overflow scuppers (wall outlets): It is required that rainwater flows off so that the roof is not overloaded from a build-up 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 6 of the *Florida Existing Building Code* and 15 of the *Florida Building Code* and the *Florida Building Code, Plumbing*.

7. Ventilation: Most roof structures should have some ability to vent natural airflow through the interior of the structural assembly (the building itself). The existing amount of attic ventilation shall not be reduced. **Exception:** Attic spaces, designed by a Florida-licensed engineer or registered architect to eliminate the attic venting, venting shall not be required.

Owner's/Agent's Signature:

Date:

 / /

Contractor's Signature:

Permit Number:

Property Address: