NORTH MIAMI
FLORIDA

12340 NE 8 AVE
NORTH MIAMI, FL 33161
PHONE: 305-895-9820 FAX: 305-895-9822
PERMITTING HOURS 7:30-3:00 MON-FRI
WEBSITE: WWW.NORTHMIAMIFL.GOV

Related Permit#_____
(IF APPLICABLE)

☐ After the Fact

OWNER INFORMATION

Job Address _____
Folio number 06- _____
Owner name _____
Owner Address _____
Tenant Name _____
Phone _____
Email _____
Architect/Engineer _____
Address _____
E-mail _____
Contact _____
Residential ☐ Commercial ☐

CONTRACTOR INFORMATION

Company Name _____
Qualifier Name _____
License No _____
Address _____
Phone _____
Email _____

Authorization: I, _____,
qualifier, authorize, _____
to pick up and drop off permit application/plans on my behalf. Authorized Contact# (___)____-_____

PERMIT TYPE (✓)

☐ Building
☐ Electrical
☐ Mechanical
☐ Plumbing
☐ Pool
☐ Fence
☐ Dock
☐ Roof
☐ Paint
☐ Shed
☐ ROW
☐ Other

PERMIT CHANGE (✓)

☐ Change of contractor
☐ Renewal
☐ Revision
☐ Shop Drawing

JOB COST/ SQ.FT.

Estimated Job Cost _____
Sq.ft./Ln.ft._____

WORK DESCRIPTION

_____
_____

WARNING TO OWNER: YOUR FAILURE TO RECORD A **NOTICE OF COMMENCEMENT (N.O.C.)** MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU ARE SPENDING MORE THAN **$2,500** OR INTEND TO OBTAIN FINANCING, YOU MAY WISH TO CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR **N.O.C.** THE **N.O.C.** MUST BE **RECORDED AT: 22 N.W. 1ST STREET, 1STFL (305) 275-1155.** ONCE RECORDED, THE **N.O.C.** MUST BE POSTED AT THE JOB SITE IN ACCORDANCE WITH **SECTION 713.35** OF FLORIDA STATUTES. A **BACKFLOW PREVENTION DEVICE** PERMIT AND CERTIFICATION TEST MAY BE REQUIRED IN ACCORDANCE WITH **ORDINACE #825**. CALL **UTILITY OPERATIONS CENTER AT (305)895-9838** OR VISIT THEIR OFFICE AT **1815 NE 150 ST.**

AFFIDAVIT – PLEASE READ CAREFULLY Application is hereby made to obtain a permit to do work and installation as indicated. I, the OWNER of the property, certify that all work will be performed to meet the standards of all laws regarding construction in the City of North Miami. I understand that separate permits are required for POOL, EXTERIOR DOOR, WINDOW, SHUTTERS, FENCE, DRIVEWAY, ROOFING, and SIGNS. There may be additional permits required from other governmental agencies.

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

_____ _____
Signature of Owner Print Name
Sworn to and subscribed before me this _____day of _____, 20_____.

_____**SEAL:**
Signature of Notary Public – State of Florida
Personally known__ OR Type of ID:_____
I,_____, owner, authorize _____ to pick up and drop off permits on my behalf.

_____ _____
Signature of Qualifier Print Name
Sworn to and subscribed before me this _____day of _____, 20_____.

_____**SEAL:**
Signature of Notary Public – State of Florida
Personally known__ OR Type of ID:_____

OFFICE USE ONLY

Discipline	Aprvd/Date	Discipline	Aprvd/Date	Discipline	Aprvd/Date	Discipline	Aprvd/Date	Approved/Date
Zoning		Structural		Mechanical		Engineering		Building
Landscape		Electrical		Plumbing		Flood		

PERMIT NUMBER _____ **PERMIT FEE** _____

THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE RECEIVED. APPLICATION AND ALL ATTACHMENTS WILL BE DESTROYED AFTER THAT DATE IF PERMIT IS NOT ISSUED.

*ATTENTION APPLICANT; YOU ARE RESPONSIBLE FOR FILLING OUT THIS APPLICATION CORRECTLY. IF YOU HAVE ANY QUESTIONS CONCERNING WHAT CATEGORY YOUR WORK FALLS UNDER, PLEASE SEE AND INSPECTOR OR PROCESSOR FOR YOUR TRADE. REFUNDS WILL NOT BE GIVEN IN CASE OF ERROR ON YOUR PART AND YOU WILL BE CHARGED A DOUBLE FEE PLUS $100 FOR DOING WORK WITHOUT A PERMIT.

ROOFING FEE SHEET

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE FACTS STATED IN THIS DOCUMENT ARE TRUE AND THAT PERJURY IS A FELONY OF THE THIRD DEGREE. **QUALIFIER SIGNATURE:** _____

☐ **New Roof**	☐ **Repair**	
☐ **Re- Roof**	☐ **Recovery**	
TYPE		
MINIMUM FEE (for all other work not in a specific category) **DESCRIPTION:**_____		**#of SqFt**
R104 SHINGLES (ASPHALT)	**REQUIRED INSPECTIONS** *ANCHOR/BASE SHEET INSPECTION *IN-PROGRESS *FINAL	
R104 SHINGLES (METAL, WOOD, SLATES & SHAKES)	**REQUIRED INSPECTIONS** *IN-PROGRESS *FINAL	
R116 LOW SLOPE ROOFING (**BUR MODIFIED,SINGLE-PLY, SPF)**	**REQUIRED INSPECTIONS** *IN-PROGRESS *FINAL	
R105 TILE ROOF ROOFING **(ADDHESIVE OR NAIL ON)**	**REQUIRED INSPECTIONS** *ANCHOR/BASE SHEET INSPECTION *IN-PROGRESS *FINAL	
WATERPROOFING	**REQUIRED INSPECTIONS** *IN-PROGRESS *FINAL	
MAINTENANCE & REPAIRS **(OVER 200 SQ FT)**	**REQUIRED INSPECTIONS** *IN-PROGRESS *FINAL	

WARNING

A) Chapter 455 of the Florida Statutes provides for fines in the amount of $500.00 to $5,000.00 for any consumer (owner, contractor, etc), who "aids and abets the unlicensed practice of a professional employing such unlicensed person."

B) A Product Control "Notice of Acceptance" (NOA) and method of installation must be provided at time of permit application and posted at jobsite for inspection on all roofing system.

C) The Contractor or owner must provide an O.S.H.A APPROVED ladder for two or more stories for roof access at the time of inspection. Failure to do so will result in re-inspection fee.

AFTER THE FACT ☐ PERMIT #_____ PLAN REVIEWER INITIAL_____

AFFIDAVIT OF COMPLIANCE WITH ROOF DECKING ATTACHMENT AND SECONDARY WATER BARRIER HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.

_____

To: Miami-Dade County Building Official
11805 Coral Way, Suite 111
Miami, FL 33175

Re: Owner's Name _____

Property Address _____

Roofing Permit Number _____

Dear Building Official:

I _____ certify that the roof decking attachment and fasteners have been strengthened and corrected and a secondary water barrier has been provided as required by the "Manual of Hurricane Mitigation Retrofits for Existing Site-Built Single Family Structures" adopted by the Florida Building Commission by Rule 9B-3.047 F.A.C.

Qualifying Agent

_____
Signature of Qualifying Agent

_____
Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20_____,

(SEAL)

____ Personally known
____ or Produced Identification

OWNER'S AFFIDAVIT OF EXEMPTION

ROOF TO WALL CONNECTION HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.

To: Miami-Dade County Building & Neighborhood Compliance Department
11805 Coral Way, Suite 111
Miami, FL 33175

Re: Owner's Name _____

Property Address _____

Roofing Permit Number _____

Dear Building Official:

I _____ certify that I am not required to retrofit the roof to wall connections of my building because:

☐ The just valuation for the structure for purposes of ad valorem taxation in less than $300,000.00.

☐ The building was constructed in compliance with the provisions of the Florida Building Code (FBC) or with the provisions of the 1994 edition of the South Florida Building Code (1994 SFBC).

_____
Signature of Property Owner

_____
Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20_____,

(SEAL)

____ Personally known
____ or Produced Identification

When the just valuation of the structure for purposes of ad valorem taxation is equal to or more than $300,000.00, and the building was not constructed in compliance with the FBC nor with 1994 SFBC, and affidavit of Roof to Wall Connection Hurricane Mitigation Retrofit must be provided.

AFFIDAVIT OF COMPLIANCE WITH ROOF TO WALL CONNECTION HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.

To: Miami-Dade County Building & Neighborhod Compliance Department
11805 Coral Way, Suite 111
Miami, FL 33175

Re: Owner's Name _____

Property Address _____

Roofing Permit Number _____

Dear Building Official:

I _____, certify that I have improved the roof to wall connections of the referenced property as required by the Manual of Hurricane Mitigation Retrofits for Existing Site-Built Single Family Residential Structures as adopted by the Florida Building Commission by Rule 9B-3.047 F.A.C.

_____
Signature of Qualifying Agent

_____
Print Name

_____
License Number

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20_____,

(SEAL)

____ Personally known
____ or Produced Identification

NORTH MIAMI
FLORIDA

SECTION 1524
HIGH VELOCITY HURRICANE ZONES-- REQUIRED OWNERS NOTIFICATION FOR ROOFING CONSIDERATIONS

1524.1 Scope. As it pertains to this section, 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*** 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 workmanship provisions of Chapter 15 (High Velocity Hurricane Zone) 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 to workmanship provisions. Aesthetic issues such as color or architectural appearance, that are not part of a zoning code, should be addressed as part of the agreement between the owner and the contractor.

_____ **2. Renailing wood decks:** When replacing roofing, the existing wood roof deck may have to be renailed in accordance with the current provisions of Chapter 16 (High Velocity Hurricane Zones) 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 buildup 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 15 and 16 herein 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:_____

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High Velocity Hurricane Zone Uniform Permit Application Form

INSTRUCTION PAGE

COMPLETE THE NECESSARY SECTIONS OF THE UNIFORM ROOFING PERMIT APPLICATION FORM AND ATTACH THE REQUIRED DOCUMENTS AS NOTED BELOW:

Roof System	Required Sections of the Permit Application Form	Attachments Required See List Below
Low Slope Application	A,B,C	1,2,3,4,5,6,7
Prescriptive BUR-RAS 150	A,B,C	4,5,6,7
Asphaltic Shingles	A,B,D	1,2,4,5,6,7
Concrete or Clay Tile	A,B,D,E	1.2.3.4.5,6,7
Metal Roofs	A,B,D	1,2,3,4,5,6,7
Wood Shingles and Shakes	A,B,D	1,2,4,5,6,7
Other	As Applicable	1,2,3,4,5,6,7

ATTACHMENTS REQUIRED:

1.	Fire Directory Listing Page
2.	From Notice of Acceptance: Front Page Specific System Description Specific System Limitations General Limitations Applicable Detail Drawings
3.	Design Calculations per Chapter 16, or If Applicable, RAS 127 or RAS 128
4.	Other Component Notice of Acceptances
5.	Municipal Permit Application
6.	Owners Notification for Roofing Considerations (Re-Roofing Only)
7.	Any Required Roof Testing/Calculation Documentation

Florida Building Code 2010 Edition
High Velocity Hurricane Zone Uniform Permit Application Form

Section A (General Information)

Master Permit No. _____ **Process No.** _____

Contractor's Name _____

Job Address _____

ROOF CATEGORY

☐ Low Slope
☐ Asphaltic Shingles
☐ Mechanically Fastened Tile
☐ Metal Panel/Shingles
☐ Mortar/Adhesive Set Tile
☐ Wood Shingles/Shakes

☐ Prescriptive BUR-RAS 150

ROOF TYPE

Are there Gas Vent Stacks?
Yes☐ No☐
Type: Natural☐ LPGX☐

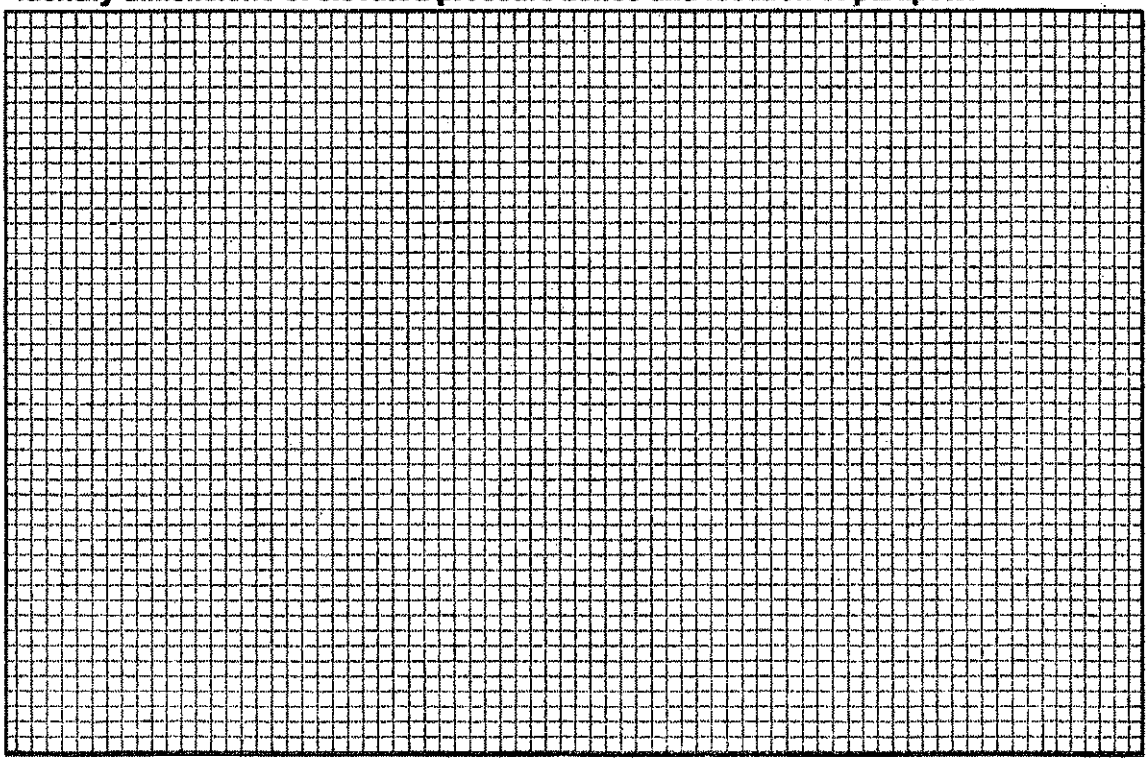
☐ New Roof ☐ Re-Roofing ☐ Recovering ☐ Repair ☐ Maintenance

ROOF SYSTEM INFORMATION

Low Slope Roof Area (SF)	Steep Sloped Roof Area (SF)	Total (SF)

Section B (Roof Plan)

Sketch Roof Plan: **Illustrate all levels and sections, roof drains, scuppers, overflow scuppers and overflow drains. Include dimensions of sections and levels, clearly identify dimensions of elevated pressure zones and location of parapets.**



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High Velocity Hurricane Zone Uniform Permit Application Form

Section C (Low Sloped Roof System)

Fill in Specific Roof Assembly Components and Identify Manufacturer
(If a component is not used, identify as "NA")

System Manufacturer:_____

NOA No.:_____

Design Wind Pressures, From RAS 128 or Calculations:

Pmax1:_____ Pmax2:_____ Pmax3:_____

Max. Design Pressure, From the Specific NOA System:_____

Deck:
Type:_____

Gauge/Thickness:_____

Slope:_____

Anchor/Base Sheet & No. of Ply(s):_____

Anchor/Base Sheet Fastener/Bonding Material:
_____

Insulation Base Layer:_____

Base Insulation Size and Thickness:_____

Base Insulation Fastener/Bonding Material:
_____

Top Insulation Layer:_____

Top Insulation Size and Thickness:_____

Top Insulation Fastener/Bonding Material:
_____

Base Sheet(s) & No. of Ply(s):_____

Base Sheet Fastener/Bonding Material:
_____

Ply Sheet(s) & No. of Ply(s):_____

Ply Sheet Fastener/Bonding Material:
_____

Top Ply:_____

Top Ply Fastener/ Bonding Material:
_____

Surfacing:_____

Fastener Spacing for Anchor/Base Sheet Attachment

Field: ____" oc @ Lap, # Rows ____ @ ____" oc

Perimeter: ____" oc @ Lap, # Rows ____ @ ____" oc

Corner: ____" oc @ Lap, # Rows ____ @ ____" oc

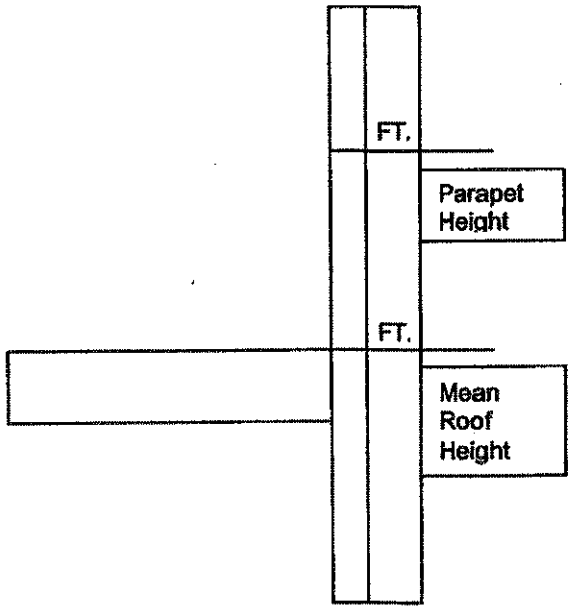
Number of Fasteners Per Insulation Board

Field _____ Perimeter _____Corner _____

Illustrate Components Noted and Details as Applicable:

Woodblocking, Gutter, Edge Termination, Stripping, Flashing, Continuous Cleat, Cant Strip, Base Flashing, Counter- Flashing, Coping, Etc.

Indicate: Mean Roof Height, Parapet Height, Height of Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit Manufacturers Details that Comply with RAS 111 and Chapter 16.



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High Velocity Hurricane Zone Uniform Permit Application Form

Section D (Steep Sloped Roof System)

Roof System Manufacturer:_____
Notice of Acceptance Number:_____
Minimum Design Wind Pressures, If Applicable (From RAS 127 or Calculations): **P1:**_____ **P2:**_____ **P3:**_____
Maximum Design Pressure (From the NOA Specific System):_____
Method of tile attachment:_____

Steep Sloped Roof System Description

Deck Type:

Type Underlayment:

Roof Slope:
_____: 12

Insulation:

Fire Barrier:

Ridge Ventilation?
_____

Fastener Type & Spacing:

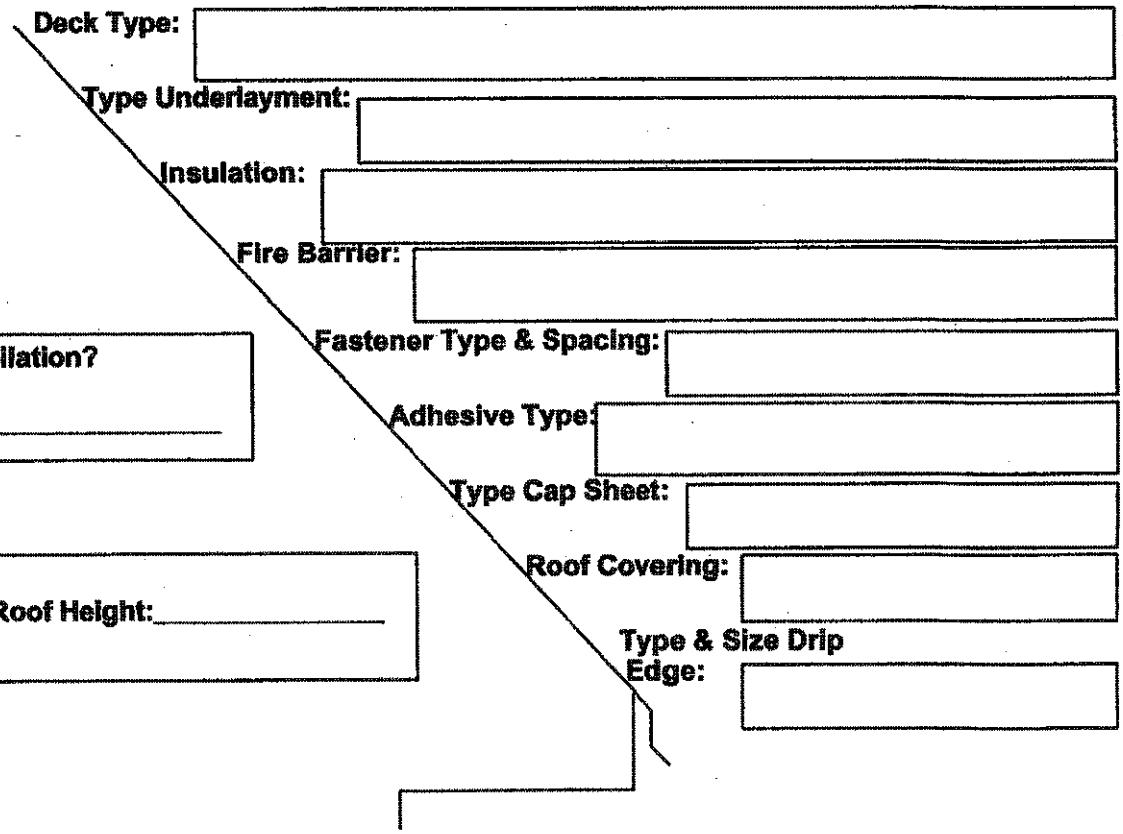
Adhesive Type:

Type Cap Sheet:

Roof Covering:

Mean Roof Height:_____

Type & Size Drip Edge:



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High Velocity Hurricane Zone Uniform Permit Application Form

Section E (Tile Calculations)

For Moment based tile systems, choose either Method 1 or 2. Compared the values for M_r with the values from M_f. If the M_f values are greater than or equal to the Mr values, for each area of the roof, then the tile attachment method is acceptable.

Method 1 "Moment Based Tile Calculations Per RAS 127"

(P_1:_____ x λ _____ = _____) – Mg: _____ = M_{r1} _____ NOA M_f _____

(P_2:_____ x λ _____ = _____) – Mg: _____ = M_{r2} _____ NOA M_f _____

(P_3:_____ x λ _____ = _____) – Mg: _____ = M_{r3} _____ NOA M_f _____

Method 2 "Simplified Tile Calculation Per Table Below"

Required Moment of Resistance (M_r) From Table Below _____ **NOA M_f** _____

M_r Required Moment Resistance*					
Mean Roof Height / Roof Slope	15'	20'	25'	30'	40'
2:12	34.4	36.5	38.2	39.7	42.2
3:12	32.2	34.4	36.0	37.4	39.8
4:12	30.4	32.2	33.8	35.1	37.3
5:12	28.4	30.1	31.6	32.8	34.9
6:12	26.4	28.0	29.4	30.5	32.4
7:12	24.4	25.9	27.1	28.2	30.0

***Must be used in conjunction with a list of moment based tile systems endorsed by the Broward County Board of Rules and Appeals.**

For Uplift based tile systems use Method 3. Compared the values for F' with the values for F_r. If the F' values are greater than or equal to the F_r values, for each area of the roof, then the tile attachment method is acceptable.

Method 3 "Uplift Based Tile Calculations Per RAS 127"

(P_1 : ____ x l: ____ = ____ x w: = ____) – W: ____ x cos θ: ____ = F_{r1}: ____ NOA F'____

(P_2 : ____ x l: ____ = ____ x w: = ____) – W: ____ x cos θ: ____ = F_{r2}: ____ NOA F'____

(P_3 : ____ x l: ____ = ____ x w: = ____) – W: ____ x cos θ: ____ = F_{r3}: ____ NOA F'____

Where to Obtain Information		
Description	**Symbol**	**Where to find**
Design Pressure	P1 or P2 or P3	RAS 127 Table 1 or by an engineering analysis prepared by PE based on ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	θ	Job Site
Aerodynamic Multiplier	λ	NOA
Restoring Moment due to Gravity	M_g	NOA
Attachment Resistance	M_f	NOA
Required Moment Resistance	M_r	Calculated
Minimum Attachment Resistance	F'	NOA
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	W	NOA
Tile Dimensions	l= length w= width	NOA
All calculations must be submitted to the Building Official at the time of permit application.		