



ROOFING FORM 100 - PERMIT APPLICATION SUMMARY of SUPPLEMENTAL INFORMATION INSTRUCTION PAGE

COMPLETE THE NEEDED SECTIONS OF THIS FORM FOR A PALM BEACH COUNTY PERMIT. THIS FORM and FORM 300 IS TO BE COMPLETED FOR ALL RE-ROOFS AND ROOF RECOVERINGS. FORM 200 IS ALSO REQUIRED FOR SITE-BUILT, SINGLE FAMILY DWELLING RE-ROOFS.

TWO COPIES OF THIS FORM WITH ORIGINAL SIGNATURES MUST BE ATTACHED TO THE PERMIT APPLICATION WITH ALL THE REQUIRED DOCUMENTS AS NOTED BELOW, TWO COPIES OF FORM 200 MUST BE PROVIDED AS NOTED ABOVE, AND ONE COPY OF EXECUTED FORM 300 - "REQUIRED OWNER'S NOTIFICATION FOR ROOFING CONSIDERATION".

| Roof System | Required Sections of the Permit Application Form | Attachments Required See List Below |
|-------------------------|--|-------------------------------------|
| Built-up or Modified | A,B,D | 1,2,3,4,5,6,7 |
| Asphalt Shingles | A,B,C | 1,2,4,5,7 |
| Concrete or Clay Tile | A,B,C, | 1,2,3,4,5,7 |
| Metal Roofs | A,B,C | 1,2,3,4,5,7 |
| Wood Shingles or Shakes | A,B,C | 1,2,3,4,5,7 |
| Other | As Applicable | As Applies : 1,2,3,4,5,6,7 |

ADDITIONAL DOCUMENTS 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 R301FBC-Res, 1609 FBC-Bldg, ASCE 7-05, RAS 127, RAS 128 or FRSA/TRI 07320/08-05
4. Roofing accessory 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 engineered. Exception: On Single-Family Dwelling and Accessory Structure flat roofs 400 square feet or less, contractor may propose 4" o.c. worst case fastening on Section D form for perimeter and corner zones.
7. **Any other additional data required for the integrity of the roofing system to be determined.**



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Section A

(General Information)

PR # (Re-roofing): _____ B # (New Construction): _____

Contractor's Name: _____ License #: _____

Owner's Name: _____ Job Address: _____

Use Of Building:

- 1 or 2 Family Multi-Family (3 or More Units) Non-Residential

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

Roof Type:

- New Roof Re-Roofing Recovering Repair _____ % of Roof/Section

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

Proposed Roof 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 _____

Slope of Roofing Work by Area (Complete all that apply):

Flat Roof Area ($\leq 2"/12$ "): _____ sf Steep Slope Roof Area ($\geq 4"/12$): _____ sf

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

CERTIFICATION:

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

(Qualifier Name Printed)

(Qualifier's Signature)

(Date)



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Section B (Roof Plan)

- Re-roofing - 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 locations of hurricane mitigation and provide attachment details on the following page.
- New Construction - Sketch not required.** See building plans.

For Flat Roof, Perimeter Width (a'): Corner Size (a' x a'):



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Section C

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

ROOF COVERING MANUFACTURER: _____

Product Approval # (System or Roof Covering): _____

Specify System # (if applicable): _____

UNDERLAYMENTS:

Base sheet: _____ Product Approval # (except felt): _____

Head lap in inches: _____

Cap sheet: _____ Product Approval # (except 90 lb): _____

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 if clips are being used and their location _____

Mortar/Foam Set Tile:

Metal Panel/Shingle:

Mortar/Foam
Manufacturer: _____ Clip or Fastener Spacing for Metal Roof Panels:

Tile Profile: _____ Field: _____ Perimeter: _____ Corners: _____

Patty size: _____ Hook Strip/Cleat Ga. or Weight: _____

Tile Hip and Ridge Attachment Method (metal or wood ridge board req'd when installing per RAS-120):

Valleys (Mat'l, Size, Ga. & Fastener Type and Spacing): _____

Drip Edge (Mat'l, Size, Ga. & Fastener Type and Spacing): _____

Ridge Vents (Mat'l & Fastener Type and Spacing): _____

Product Approval #: _____



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Section D

Flat Roof Information (Built-up or Modified \leq 2:12)

Fill in the specific roof assembly components below as applicable.

Roof System Manufacturer: _____ System Type: _____
System # (if applicable): _____ Product Approval #: _____

Minimum Wind Uplift Pressures: (use worst-case default values below or specify other from R301.2.1FBC-Res, ASCE 7-05, RAS-128, or by design professional as applies)

Exposure **B**, 30' Ht or less: (P1) Field: **35 psf** (P2) Perimeters: **59 psf** (P3) Corners: **89 psf**
 Exposure **C**, 30' Ht or less: (P1) Field: **49 psf** (P2) Perimeters: **83 psf** (P3) Corners: **125 psf**
 Other: Exposure: _____, Ht: _____, (P1) Field: _____ psf, (P2) Perimeters: _____ psf, (P3) Corners: _____ psf

Max. Design Pressure Rating Listed in Approval for Specific System Description: _____ psf
 (If less than Min. Wind Uplift Pressures above, provide enhanced fastening as allowed in product approval limitation notes)

Deck Type : _____ & Support Spacing: _____

If adding lightweight concrete to deck, provide Product Approval #: _____

Fire or Vapor Barrier (if applicable): _____ Product Approval #: _____

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

Fastener Spacing for Base Sheet Attachment : (1) Field: _____" o/c @ laps & _____ rows @ _____" o/c
 (2) Perim: _____" o/c @ laps & _____ rows @ _____" o/c (3) Corners: _____" o/c @ laps & _____ rows @ _____" o/c

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

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

Number Of Fasteners Per Insulation Board: Field: _____ Perimeter: _____ Corner: _____

Fastener Type: _____ Alternate Fastener: _____

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

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

Surfacing (if applicable): _____

Single Ply Membrane: _____ & Fastener/Bond'g Mat'l: _____

Single Ply Sheet Width: _____ 1/2 Sheet Width: _____ No. of Single Ply 1/2 Sheets: _____

Wood Edge Nailer (if applicable): _____ & Nailer Fastener Type and Spacing: _____

Drip Edge Metal : Material Type, Size, & Ga. or Weight: _____

Drip Hook Strip/Cleat Metal Ga. or Weight (If applicable): _____