Building Construction Services

18400 Murdock Circle | Port Charlotte FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.764.4907
Zoning Phone 941.743.1964 | Zoning Fax: 941.743.1598
BuildingSvcs@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov
"To exceed expectations in the delivery of public services"

For Office Use Only
Permit Number
20 _____
Application Date
_____
CSR Initials _____

ROOF MODIFICATION PERMIT APPLICATION

Florida Building Code Fifth Edition (2014)

Job Site Details

Description of work to be done: _____

Address: _____ Building # _____ Unit # _____

Tax Folio # _____ Lot _____ Block _____ Subdivision _____

Section _____ Township _____ Range _____ Wind Zone _____ Exposure _____ Flood Zone _____

This building will be used as _____ Map Page _____ Year Built _____

Zoning Class _____ Construction Cost (excluding lot but including labor) _____

☐ Roof Replacement ☐ Roof Re-Cover ☐ Roof Repair Building Valuation _____

Owner Information

Notice of Commencement is required for all jobs $2,500 ($7500 for HVAC) or more.

Name _____

Address _____ _____ _____
Number Name Type:(St., Dr., Pkwy., Blvd., etc.)

City _____ State _____

Phone No. _____ Fax No. _____

Email _____

Contractor Information

Name _____

Address _____ _____ _____
Number Name Type:(St., Dr., Pkwy., Blvd., etc.)

City _____ State _____

Phone No. _____ Fax No. _____

Email _____

Contractors State Certification or Registration No. _____ Contractors Certificate of Competancy Number _____

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Name of Fee Simple Titleholder (if not owner)

Street _____ City _____ State _____ Zip _____ Phone No _____

Bonding Company Name _____ Street _____ State _____ Zip _____

Architect/Engineer Name _____ Street _____ State _____ Zip _____

Mortgage Lender _____ Street _____ State _____ Zip _____

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 issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

The undersigned applicant for this permit does hereby certify that he/she has or will prior to the performance of any work in connection with the authorization granted under this permit comply with the provisions of the Florida Worker's Compensation Act of Employers Liability Insurance, the Social Security Act, the Florida Child Labor Laws and all other applicable safety and labor laws of the state. Violation will invoke severe penelties.

Owners Affidavit: I hereby 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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOU LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

NOTICE: In addition to the requirement of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this County, and there may be additional permits required from other governmental entities such as water management districts, state, or federal agencies.

_____ OWNERS/AGENT SIGNATURE

_____ CONTRACTORS SIGNATURE

State of Florida, County of _____

The foregoing instrument was acknowledged before me this

____ day of _____ 20 _____ by _____

_____ who is personally known to me or who

has produced _____ as identification and

who did/did not take an oath.

_____ Signature of Notary

_____ Printed Name of Notary

_____ Commission Number

State of Florida, County of _____

The foregoing instrument was acknowledged before me this

____ day of _____ 20 _____ by _____

_____ who is personally known to me or who

has produced _____ as identification and

who did/did not take an oath.

_____ Signature of Notary

_____ Printed Name of Notary

_____ Commission Number

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Plans must be supplied and additional criteria may apply if property is located in the Charlotte Harbor CRA. If so, the project must meet the CRA Design and Community Standards. For more information call Zoning on (941) 743-1964.

Please note, correct licensure is required to perform each task.

Two copies of the completed permit application form are required. One copy of the manufacturer's product approval and installation instructions are required at inspection. Materials and methods of application used for recovering or replacing an existing roof covering shall comply with the requirements of Chapter 15 of the FBC, Building and Chapter 9 of the FBC, Residential. Roof repairs to existing roof coverings shall comply with FBC, Existing. Not more than 25 percent of the total roof area or roof section of any existing building or structure shall be repaired, replaced or recovered in any 12 month period unless the entire roofing system or roof section conforms to requirements of the FBC 5th Edition (2014).

ROOF COVERING MATERIAL

Ridge Ventilation ☐ Existing ☐ New ☐ None

- ☐ Asphalt Shingles
- ☐ Wood Shingles
- ☐ Metal
- ☐ Modified Bitumen
- ☐ Concrete Tile
- ☐ Clay Tile
- ☐ Built-up
- ☐ Other _____

System 1
Insulation and Type _____
Existing Deck Type _____
Slope _____ # Sq's _____

System 2
Insulation and Type _____
Existing Deck Type _____
Slope _____ # Sq's _____

System 1-Underlayment Type/Product Approval * _____

System 1- Roof Covering Product Approval * _____

Mean Roof Height _____

System 2-Underlayment Type/Product Approval * _____

When using RAS, provide copy of RAS, specifications and charts.

System 2- Roof Covering Product Approval * _____

*Provide NOA, Florida Product Approval, TAS or other product approval under the Florida Building Code

ROOF PLAN

Illustrate all levels and sections. Include dimensions of sections and levels. Clarify if one or more roof systems are used.

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Replacement, Re-covering and Repair of roofs must meet the minimum design pressure as outlined below when using prescriptive method and worst case. Verify GIS map for windspeed and exposure.
See: **www.ccgis.com** for job site windspeed and exposure information. Please specify the windspeed zone and the exposure.

WINDSPEED 150 Vult

Mean Roof Height 15'

Low slope (less than 2:12)

EXPOSURE	MIN. PRESSURES
B	☐ +16/-61
C	☐ +16/-74
D	☐ +16/-90

Mid slope (2:12 to 7:12)

EXPOSURE	MIN. PRESSURES
B	☐ +16/-57
C	☐ +17/-69
D	☐ +20/-84

Steep slope (more than 7:12)

EXPOSURE	MIN. PRESSURES
B	☐ +22/-28
C	☐ +27/-34
D	☐ +32/-42

Mean Roof Height 30'

Low slope (less than 2:12)

EXPOSURE	MIN. PRESSURES
B	☐ +16/-61
C	☐ +16/-86
D	☐ +16/-102

Mid slope (2:12 to 7:12)

EXPOSURE	MIN. PRESSURES
B	☐ +16/-57
C	☐ +20/-80
D	☐ +23/-95

Steep slope (more than 7:12)

EXPOSURE	MIN. PRESSURES
B	☐ +22/-28
C	☐ +31/-40
D	☐ +37/-47

WINDSPEED 160 Vult

Mean Roof Height 15'

Low slope (less than 2:12)

EXPOSURE	MIN. PRESSURES
B	☐ +16/-70
C	☐ +16/-84
D	☐ +17/-103

Mid slope (2:12 to 7:12)

EXPOSURE	MIN. PRESSURES
B	☐ +16/-65
C	☐ +19/-79
D	☐ +23/-96

Steep slope (more than 7:12)

EXPOSURE	MIN. PRESSURES
B	☐ +25/-32
C	☐ +31/-39
D	☐ +37/-48

Mean Roof Height 30'

Low slope (less than 2:12)

EXPOSURE	MIN. PRESSURES
B	☐ +16/-70
C	☐ +16/-98
D	☐ +19/-116

Mid slope (2:12 to 7:12)

EXPOSURE	MIN. PRESSURES
B	☐ +16/-65
C	☐ +22/-91
D	☐ +26/-108

Steep slope (more than 7:12)

EXPOSURE	MIN. PRESSURES
B	☐ +25/-32
C	☐ +35/-45
D	☐ +42/-54

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WINDSPEED 170/180 Vult

Mean Roof Height 15'

Low slope (less than 2:12)

EXPOSURE	MIN. PRESSURES
B	☐ +16/-88
C	☐ +17/-107
D	☐ +21/-130

Mid slope (2:12 to 7:12)

EXPOSURE	MIN. PRESSURES
B	☐ +20/-82
C	☐ +24/-100
D	☐ +30/-121

Steep slope (more than 7:12)

EXPOSURE	MIN. PRESSURES
B	☐ +32/-41
C	☐ +39/-50
D	☐ +47/-60

Mean Roof Height 30'

Low slope (less than 2:12)

EXPOSURE	MIN. PRESSURES
B	☐ +16/-88
C	☐ +20/-124
D	☐ +24/-147

Mid slope (2:12 to 7:12)

EXPOSURE	MIN. PRESSURES
B	☐ +20/-82
C	☐ +28/-115
D	☐ +33/-137

Steep slope (more than 7:12)

EXPOSURE	MIN. PRESSURES
B	☐ +32/-41
C	☐ +45/-57
D	☐ +53/-68

Additional Information (residential)

Single family residential structures not permitted under the Florida Building Code (permitted before March 1, 2002) are required to comply with the following requirements:
When a roof covering on an existing site-built single family residential structure is removed and replaced, the roof decking attachment shall be as required by Section 708 FBC, Existing. A secondary water barrier shall be provided as required by Section 708.7.2 FBC, Existing.
When a roof covering on an existing site-built single family residential structure is removed and replaced and has a just valuation for the structure for purposes of ad valorem taxation of $300,000 or more, the roof to wall connections shall be improved as required by Section 708.8.1 FBC, Existing. However, mandated retrofits of the roof to wall connection shall not be required beyond a 15 percent increase in the cost of re-roofing.

R 905.2.6.1 Wind Resistance of Asphalt Shingles: Shingles classified as ASTM D 3161 Class F, TAS 107 or ASTM D 7158 Class H are acceptable for use in all wind zones. Asphalt shingle wrappers shall indicate compliance with one of the required classifications as shown:
Maximum Basic Wind Speed V ult of 142 to 155: ASTM D 7158 Gor H or ASTM D 3161 F
Maximum Basic Wind Speed V ult of 155 to 194: ASTM D 7158 H or ASTMD 3161 F

R 905.3 Clay and Concrete Tile: The installation of clay and concrete tiles shall be in accordance with recommendations of FRSA/TRI where the Vasd is determined in accordance with Section R301.2.1.3 or the recommendations of RAS 118, 119 or 120.
Clay tile shall comply with ASTM C 1167
Concrete tile shall comply with ASTM C 1492

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