

**INDIAN RIVER COUNTY BUILDING DIVISION**

1801 27<sup>th</sup> Street, Vero Beach, Florida 32960

**RE-ROOFING**  
**PERMIT APPLICATION**

For additional information  
See Reroofing Inspection Handout

**RESIDENTIAL**

Single Family Attached  
 Single Family Detached

**COMMERCIAL**

Flat Roof  
 Other \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Address (if different than job address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_ Comp. Card Number: \_\_\_\_\_

Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Re-Roof Contract value: \$ \_\_\_\_\_ \*Value of Structure: \$ \_\_\_\_\_ Year Built: \_\_\_\_\_**  
**(Provide copy of contract)**

**Square FT \_\_\_\_\_ Roof Slope \_\_\_\_:\_\_\_\_ Existing roof covering \_\_\_\_\_**

Shingles  Metal\*\*  Tile\*\*  Roof over  Flat\*\*  Other \_\_\_\_\_

**\*Value:** show proof of insured value of residential structure or a copy of the ad-valorem tax value.

**\*\***(Commercial Roofs require a roof plan stating components and cladding pressures , location and size for zones 1 , 2 and 3 prepared by a Florida Licensed Engineer . A copy of the roofing material's Miami Dade or Florida Product Approval will be required at permit application. A Florida licensed Engineer may need to data extrapolate the attachment requirements of the Product Approval to meet the components and cladding pressures of the roof or calculate the moment connection for a tile roof system)

**Per the Florida Efficiency Code, any re-roof permit where the sheathing or insulation is exposed and the value of the re-roof exceeds 30 % of the value of the structure will require the roof covering R value to meet or exceed R38 for commercial roofs or provide an energy code calculation**

**All Site Built Single Family Residential Re-Roofs** regardless of value shall comply with the following:

**Re-fastening:** All sheathing and decking shall be fastened in accordance with either the Florida Existing Building Code 2007 (Existing spacing of 8d nails at 6" o.c. requires no additional nails. Any roof sheathing with nails spaced greater than 6" o.c. requires additional nails to create a minimum of 6" o.c. nail spacing. All stapled sheathing requires complete re-nailing. Added nails shall be 2 1/4" 8d ring shank round head) or the roof covering's Miami Dade Product Approval or Florida Product Approval whichever is applicable.

**(Exception – where re-roofing over existing roofing)**

**FOR RESIDENTIAL JOBS: Indicate below which method is to be used to satisfy the secondary water barrier requirements:**

- The entire roof deck shall be covered with an approved self-adhering polymer modified bitumen sheet. No additional underlayment shall be required on top of this sheet for new installations.
- An asphalt impregnated 30# felt underlayment installed with 1 inch round plastic cap or metal cap nails attached to a nailable deck in a grid pattern of 12 inches staggered between overlaps with 6 " spacing at the overlaps. Synthetic underlayment shall be fastened in accordance to manufacturer's specifications

**Applicant's Affirmation**

**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 the issuance of a permit, and that all work will be performed to meet the standards of all laws regulating construction, insurance, and worker's compensation. Properties on which earth spills or other debris falls shall be cleaned immediately. All streets, sidewalks, and curbs damaged due to this construction shall be repaired to the satisfaction of the engineering department prior to the issuance of certificate of completion.**

**IN APPLYING FOR THIS PERMIT I HEREBY ATTEST THAT I HAVE THE KNOWLEDGE AND UNDERSTANDING OF ALL THAT IS REQUIRED BY THE FLORIDA BUILDING CODE AND ALL LAWS AND REGULATIONS PERTAINING TO PERFORMING AND COMPLETING THIS TYPE OF WORK.**

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**Owner's Affidavit:**

I 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 YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

**Owner:** \_\_\_\_\_

**Signature of Owner or Agent:** \_\_\_\_\_

{To sign as an Agent for the Owner you must have a Florida Form Power of Attorney signed by the Owner and Notarized with two additional witnesses other than the Notary}

**Date:** \_\_\_\_\_

And / or

**Contractor:** \_\_\_\_\_

**Signature of Contractor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me

By \_\_\_\_\_

who is  personally known or  has produced identification.

Type or identification produced: \_\_\_\_\_.

Notary's Name, Typed, Printed or Stamped \_\_\_\_\_

Official Signature of Notary Public \_\_\_\_\_

Notary Seal: