



CITY OF COOPER CITY BUILDING DEPARTMENT

PHONE: 954-434-4300
EXT. #230,, #227, #279
FAX: 954-680-1439

ROOF PERMIT SUBMITTAL CHECKLIST

Permit Application

Two (2) sets of roof material specifications:

- a. Code Prescriptive Tile
- b. Code Prescriptive Code Flat System
- c. Code Prescriptive Shingle or Tiles
- d. Or Dade County Product Approval
- e. Complete Uniform Roofing Permit Application Form
- f. Sealed Engineering calculations (if applicable)
- g. Skylight Product Approvals

Statement of responsibilities regarding asbestos (*commercial only*)

Two (2) Copies of Homeowners Association approval (*if applicable*)

Notice of Commencement (**Certified Copy or Electronic Copy**) (*State of Florida effective Jan 1, 1991 requires a notice of commencement with the fair market value of \$2500 or greater*)

NOTE: Shingle over shingle requires a pre-inspection before a permit can be processed. A fee of \$110.00 must be paid in advance for this inspection.

Two (2) Copies of Roof-top Equipment Affidavit required for non-residential property.

Please be advised that effective immediately the City of Cooper City Building Department requires that this questionnaire Two (2) copies accompany your request for permit approval of all residential re-roofs.

1. Is this re-roof application for a multi-unit structure? YES NO
(i.e. duplex, town house or otherwise contiguous roof)
2. What is the color of the attached roof? _____
3. What is the color of the NEW roof? _____
4. What is the EXISTING roof system? SHINGLE TILE OTHER _____
5. What is the PROPOSED roof system? SHINGLE TILE OTHER _____

NOTICE TO ALL ROOFING CONTRACTORS

Re-roofing of multi-unit structures. At the time of repair or replacement of roofs on all duplex, townhouse and/or multiple-family dwellings that have attached or continuous roofs, the new roof area shall be installed in the IDENTICAL COLOR AND MATERIALS as the existing roof. Should all unit owners repair or replace their roof area, they may deviate from the original color and roof material; so long as the new roof is identical throughout the structure. (Per City of Cooper City Ordinance #23-91(h))

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade: Building Electrical Plumbing Mechanical Other _____

Application Number: _____

Application Date: _____

1	Job Address: _____		Unit: _____		City: _____	
	Tax Folio No.: _____		Flood Zn: _____		BFE: _____	
	Building Use: _____		Construction Type: _____		Occupancy Group: _____	
	Present Use: _____		Proposed Used: _____			
	Description of Work:					
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other: _____					
	Legal Description: _____ <input type="checkbox"/> Attachment					

2	Property Owner: _____		Phone: _____		Email: _____	
	Owner's Address: _____		City: _____		State: _____ Zip: _____	

3	Contracting Co.: _____		Phone: _____		Email: _____	
	Company Address: _____		City: _____		State: _____ Zip: _____	
	Qualifier's Name: _____		Owner-Builder: <input type="checkbox"/>		License Number: _____	

4	Architect/Engineer's Name: _____		Phone: _____		Email: _____	
	Architect/Engineer's Address: _____		City: _____		State: _____ Zip: _____	
	Bonding Company: _____					
	Bonding Company Address: _____		City: _____		State: _____ Zip: _____	
	Fee Simple Titleholder's name (if other than owner): _____					
	Fee Simple Titleholder's Address (if other than owner): _____		City: _____		State: _____ Zip: _____	
	Mortgage Lender's Name: _____					
Mortgage Lender's Address: _____		City: _____		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 the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

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. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X _____
Signature of Property Owner or Agent

X _____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF BROWARD

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.
Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.

THE CITY OF



BROWARD COUNTY, FLORIDA

P.O. BOX 290910
9090 Southwest 50th Place
Cooper City, Florida 33329-0910
(954) 434-4300 Ext#230 • Fax (954) 680-1439
www.coopercityfl.org

PERMIT NUMBER:

PLAN REVIEW NUMBER:

TYPE	FEE	ADDTL FEES
PERMIT		
EDUCATION		
COUNTY		
BCPSF		
TECH FEE		
BOND		
PARKS		
PUBLIC SAFETY		
PUBLIC BLDGS		
FIRE		
ADDTL PERMIT FEES		
SUB TOTAL		
NOTARY FEE		
TOTAL		
INVOICE #		
RECEIPT #		

OFFICE USE ONLY				
DIVISION	APPROVED	DATE	REJECT	DATE
STRUCTURAL				
ELECTRICAL				
PLUMBING				
MECHANICAL				
UTILITES/ENGIN				
FIRE				
ZONING				

NOTICE: IN ADDITION TO THE REQUIREMENTS 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 GOVERNMENT ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENCIES.

THE ISSUANCE OF A BUILDING PERMIT DOES NOT GIVE YOU PERMISSION TO VIOLATE DEED RESTRICTION AND/OR HOMEOWNER'S REGULATIONS. PLEASE CHECK DEED RESTRICTIONS BEFORE COMMENCING ANY CONSTRUCTION

OWNER'S AFFIDAVIT: I CERTIFY THAT ALL FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING. FURTHERMORE, I AUTHORIZE THE ABOVE NAMED CONTRACTOR TO DO THE WORK STATED.

**NOTICE OF COMMENCEMENT, CLERK OF COURTS, BROWARD COUNTY GOVERNMENTAL CENTER
RECORDING SECTION. ROOM 114. 115 S. ANDREWS AVENUE. FORT LAUDERDALE. FL 33302 PHONE: 954-357-7283**

URBAN PLANNING AND REDEVELOPMENT DEPARTMENT (D.P.E.P)
WWW.BROWARD.ORG/DEVELOPMENT
STATE OF FLORIDA DIVISION OF HOTELS AND RESTAURANT
PHONE: 954-956-5692

CITY OF COOPER CITY, FLORIDA • DEVELOPMENT SERVICES • BUILDING DIVISION
P.O. BOX 290910
9090 SOUTHWEST 50th PLACE
COOPER CITY, FLORIDA 33329-0910
(954) 434-4300 Ext#230 • Fax (954) 680-1439
www.coopercityfl.org

**City Of Cooper City
Building Department**

**Section 1524
High Velocity Hurricane Zones Required Owners Notification for Roofing
Considerations**

1524.1 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 installation. Additionally, the following items should be addressed as part of the agreement between the owner and the contractor. The owner's initial in the adjacent box indicates that the item has been explained.

_____ 1. **Aesthetics-Workmanship.** Reserved.

_____ 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, Building (The roof deck is usually concealed prior to removing the existing roof system.)

_____ 3. **Common Roofs.** Reserved.

_____ 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 Florida Building Code provides the option of the maintaining this appearance.

_____ 5. **Ponding Water.** Reserved.

_____ 6. **Overflow scuppers (wall outlets):** It is required that rainwater flow 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 15 and 16 herein and the Florida Building Code, Plumbing.

_____ 7. **Ventilation.** Reserved.

Owner's/Agent's Signature

Date

Contractor Signature

1523.6.5.2.17.1 Tested for compressive strength in compliance with ASTM D 1621 with a minimum strength of 18 psi (121 kPa) parallel to rise, and 12 psi (82.7 kPa) perpendicular to rise.

1523.6.5.2.17.2 Tested for density in compliance with ASTM D 1622 with a minimum density of 1.6 pounds per cubic foot (25.6 kg/m³).

1523.6.5.2.17.3 Tested for tensile strength in compliance with ASTM D 1623 with a minimum requirement of 28 psi (193 kPa) parallel to rise.

1523.6.5.2.17.4 Tested for dimensional stability taken from a free rise sample specimen. Tested in compliance with ASTM D 2126 with a maximum volume change of +0.07-percent volume change at -40°F (-40°C) for two weeks; and +6.0-percent volume change at 158°F (70°C) and 100-percent RH for two weeks.

1523.6.5.2.17.5 Tested in compliance with ASTM D 2856 from a free rise sample specimen with a minimum requirement for 85 percent.

1523.6.5.2.17.6 Tested for water absorption in compliance with ASTM D 2842 with a maximum requirement of 10 percent.

1523.6.5.2.17.7 Tested in compliance with ASTM E 96 for moisture vapor transmission for a maximum of 3.1 perms.

**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 con-

tent of this section. The provisions of this chapter 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.** Reserved.
- 2. Rerailing wood decks.** When replacing roofing, the existing wood roof deck may have to be rerailed in accordance with the current provisions of Chapter 16 (High-Velocity Hurricane Zones) of this code. (The roof deck is usually concealed prior to removing the existing roof system.)
- 3. Common roofs.** Reserved.
- 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.** Reserved.
- 6. Overflow scuppers (wall outlets).** It is required that rainwater flow 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.** Reserved.

**SECTION 1525
HIGH-VELOCITY HURRICANE ZONES UNIFORM PERMIT APPLICATION**

Florida Building Code 5th Edition (2014)
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 Product Approval: 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 of Product Approval
5.	Municipal Permit Application
6.	Owners Notification for Roofing Considerations (Reroofing Only)
7.	Any Required Roof Testing/Calculation Documentation

Florida Building Code 5th Edition (2014)

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
- Prescriptive BUR-RAS 150
- Mortar/Adhesive Set Tiles
- Wood Shingles/Shakes

ROOF TYPE

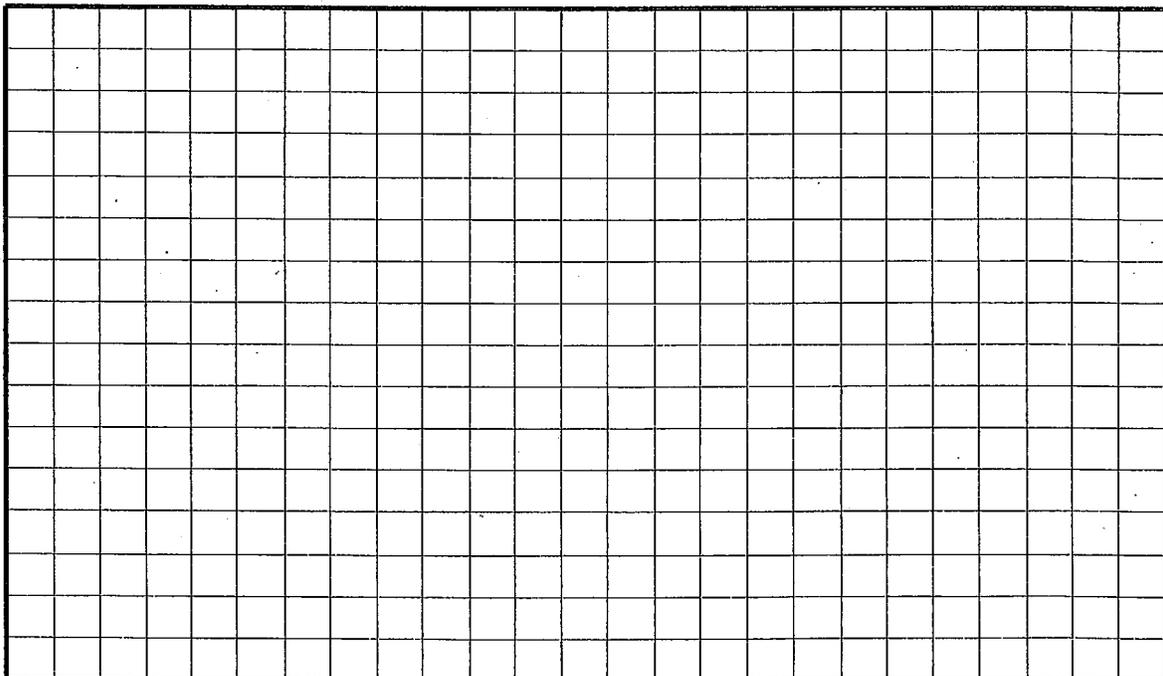
- New roof
- Repair
- Maintenance
- Reroofing
- Recovering

ROOF SYSTEM INFORMATION

Low Slope Roof Area (SF) _____ Steep Sloped Roof AREA (SSF) _____ 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.



**Florida Building Code 5th Edition (2014)
High-Velocity Hurricane Zone Uniform Permit Application Form.**

Section C (Low Slope Application)

Fill in specific roof assembly components and identify manufacturer

(If a component is not used, identify as "NA")

System Manufacturer: _____

Product Approval No.: _____

Design Wind Pressures, From RAS 128 or Calculations:

P1: _____ P2: _____ P3: _____

Max. Design Pressure, from the specific product approval 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

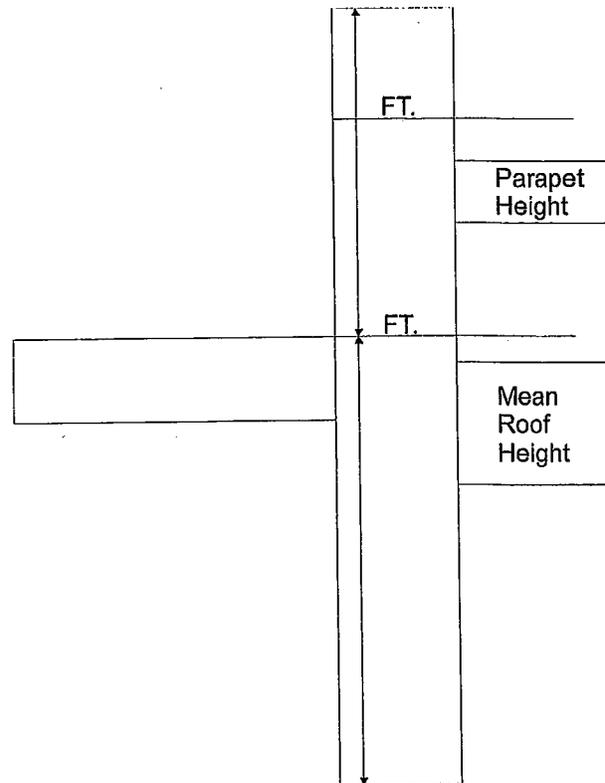
Number of Fasteners Per Insulation Board:

Field _____ Perimeter _____ Corner _____

Illustrate Components Noted and Details as Applicable:

Woodblocking, Gutter, Edge Termination, Stripping, Flashing, Continuous Cleat, Cant Strip, Base Flashing, Counterflashing, 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.



Florida Building Code 5th Edition (2014)
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: _____ P1: _____ P1: _____

Roof Slope: _____ : 12

Ridge Ventilation? _____

Mean Roof Height: _____

Deck Type: _____

Type Underlayment: _____

Insulation: _____

Fire Barrier: _____

Fastener Type & Spacing: _____

Adhesive Type: _____

Type Cap Sheet: _____

Roof Covering: _____

Type & Size Drip Edge: _____

Florida Building Code 5th Edition (2014)

High-Velocity Hurricane Zone Uniform Permit Application Form.

Section E (Tile Calculations)

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

Method 1 "Moment Based Tile Calculations Per RAS 127"

(P1: $\text{___} \times \lambda \text{___} = \text{___}$) - Mg: $\text{___} = M_{r1}$ ___ Product Approval M_i ___
 (P2: $\text{___} \times \lambda \text{___} = \text{___}$) - Mg: $\text{___} = M_{r2}$ ___ Product Approval M_i ___
 (P3: $\text{___} \times \lambda \text{___} = \text{___}$) - Mg: $\text{___} = M_{r3}$ ___ Product Approval M_i ___

Method 2 "Simplified Tile Calculations Per Table Below"

Required Moment of Resistance (M_r) From Table Below ___ Product Approval M_i ___

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"

(P1: $\text{___} \times L \text{___} = \text{___} \times w: = \text{___}$) - W: $\text{___} \times \cos \Theta \text{___} = F_{r1}$ ___ Product Approval F' ___
 (P2: $\text{___} \times L \text{___} = \text{___} \times w: = \text{___}$) - W: $\text{___} \times \cos \Theta \text{___} = F_{r2}$ ___ Product Approval F' ___
 (P3: $\text{___} \times L \text{___} = \text{___} \times w: = \text{___}$) - W: $\text{___} \times \cos \Theta \text{___} = F_{r3}$ ___ Product Approval 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	Product Approval
Restoring Moment due to Gravity	M_g	Product Approval
Attachment Resistance	M_i	Product Approval
Required Moment Resistance	M_r	Calculated
Minimum Attachment Resistance	F'	Product Approval
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	W	Product Approval
Tile Dimensions	L = length · W = width	Product Approval

All calculations must be submitted to the building official at the time of permit application.



STATEMENT OF RESPONSIBILITIES REGARDING ASBESTOS

IF YOU ARE PLANNING TO DEMOLISH OR RENOVATE ANY EXISTING STRUCTURE, YOU MAY BE SUBJECT TO FEDERAL RULES RELATING TO THE HANDLING OF ASBESTOS CONTAINING MATERIALS. PLEASE FILL OUT THIS FORM TO DETERMINE IF FEDERAL ASBESTOS RULES APPLY TO YOU.

I. PROJECT INFORMATION:

Project Name:
Project Address:
Owner (or agent): Phone:
Mailing Address:
Start date of the demolition/renovation (mm/dd/yy):
Completion date of the demolition/renovation (mm/dd/yy):
Brief description of the project:
Contractor performing the work:
Building Department jurisdiction:

II. PLEASE MARK THE APPROPRIATE BOX(ES) FOR THE ACTION YOU WILL BE TAKING.

1. Facility: (Check One)

- Commercial, industrial or public building
Residential buildings of more than four dwelling units
Any residential property being demolished for commercial purposes or by government order
School/College/University

2. Demolition/Renovations: (Check One)

- Wrecking/dismantling any load-supporting structural member
Any material being removed, stripped or disturbed involving: 160 square feet or more OR 260 linear feet or more of pipe insulation
Emergency
Unsafe structure
Roof removal (not shingle replacement)

III. IF ANY BOXES ARE MARKED IN SECTION 1 AND SECTION 2 THEN,

1. A thorough inspection may be required by a Florida licensed asbestos professional.

AND

2. A Notice of Asbestos Renovation or Demolition may be required using the 10-day advanced notification form. (See reverse side)

Please submit the form to: Broward County Department of Planning and Environmental Protection, Air Quality Division, 218 SW 1st Avenue, Fort Lauderdale, Florida 33301 954-519-1220

I understand that I may be subject to the ten (10) day advanced notification under the Federal Law regarding demolitions and renovations and I have received information regarding the use of licensed asbestos professionals (See reverse side).

Signed Date

Name and title (print)

*Notice of Asbestos Renovation or Demolition form is available at: www.broward.org/air



CITY OF COOPER CITY BUILDING DEPARTMENT

PHONE: 954-434-4300
EXT. #230, #227, #279
FAX: 954-680-1439

ROOFTOP EQUIPMENT AFFIDAVIT

ALL EQUIPMENT THAT IS ROOFTOP MOUNTED IS REQUIRED TO BE SUBMITTED WITH THIS AFFIDAVIT ATTACHED TO THE HIGH VELOCITY HURRICANE ZONE PERMIT APPLICATION FORM

PERMIT NUMBER: _____

JOB ADDRESS: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

COMPANY NAME: _____

NAME OF QUALIFIER: _____

LICENSE NUMBER: _____

IS THERE ANY EQUIPMENT ON THE ROOFTOP? YES NO

IF YES: IS THERE AN EXISTING CODE-APPROVED CURB OR STAND? YES NO

IF CURB OR STAND IS PROPOSED, TWO (2) COPIES OF PLANS SEALED BY AN ENGINEER SHOWING THE ATTACHMENT OF STAND / CURB TO ROOF AND TO THE EQUIPMENT ARE REQUIRED. THESE PLANS MUST BE IN ACCORDANCE WITH THE FLORIDA BUILDING CODE SECTION 1509 IN ITS ENTIRETY. UPON SUBMITTAL OF AN ALTERATION OR ADDITION OF A CURB OR STAND, THE PLANNING DEPARTMENT MAY DETERMINE THAT ALTERATION OF AN EXISTING SCREENING DEVICE OR ADDITION OF A SCREENING DEVICE MAY BE REQUIRED.

IS THERE ANY ELECTRICAL WORK TO BE COMPLETED? YES NO

IF YES: AN ELECTRICAL PERMIT APPLICATION IS NEEDED.

QUALIFIER / CONTRACTOR SIGNATURE DATE

PRINT QUALIFIER / CONTRACTOR NAME

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS ____ / ____ / ____

WHO IS PERSONALLY KNOWN OR PRODUCED A FLORIDA DRIVER'S LICENSE / I.D.

I. D. NUMBER: _____ NOTARY PUBLIC SIGNATURE: _____
SEAL: _____

Broward County Fenestration Voluntary Wind Load Chart*
Per ASCE 7-10 Method 1, Part 1 and FBC 5th Edition (2014) for Retrofitting in Accordance with Formal Interpretation #..
For Detached One- and Two family dwellings and Multiple Single-Family Dwellings (Townhouses) with Mean Roof Height ≤ 30 feet

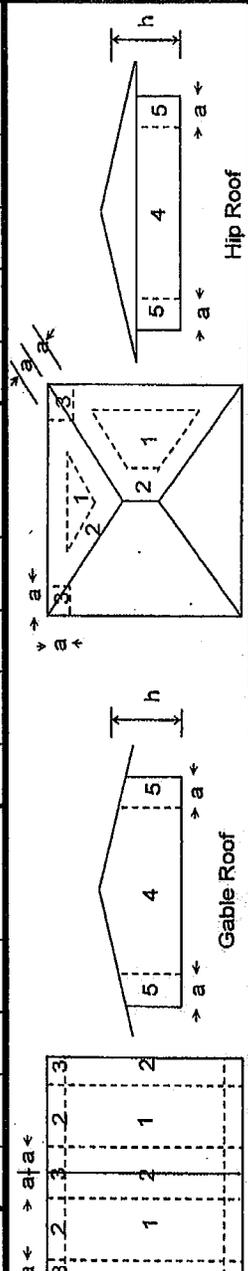
Wind 170 mph (3-second gust) / Exposure C** / Kd = 0.85 / Kzt = 1.0

* Using Allowable Stress Design methodology (P = 0.6W) / ** Exposure shall be determined according to ASCE 7-10 Section 26.7.3 (Exposure Categories)

Effective Wind Area (ft ²)	Location: Gable or Hip Roof	Mean Roof Height of 15 feet						Mean Roof Height of 20 feet						Mean Roof Height of 25 feet						Mean Roof Height of 30 feet					
		Zone 2			Zone 3			Zone 1			Zone 2			Zone 3			Zone 1			Zone 2			Zone 3		
		+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
10	Gable/Hip	16.0	-37.8	16.0	-63.4	16.0	-95.4	16.3	-40.2	16.3	-67.4	16.3	-101.4	17.1	-42.1	17.1	-70.6	17.1	-106.3	17.8	-43.7	17.8	-73.4	17.8	-110.4
20	Roof	16.0	-36.8	16.0	-56.7	16.0	-79.1	16.0	-39.1	16.0	-60.2	16.0	-84.0	16.0	-41.0	16.0	-63.1	16.0	-88.0	16.7	-42.6	16.7	-65.6	16.7	-91.5
50	θ ≤ 7°	16.0	-35.6	16.0	-47.7	16.0	-57.4	16.0	-37.8	16.0	-50.7	16.0	-61.0	16.0	-39.6	16.0	-53.2	16.0	-63.9	16.0	-41.1	16.0	-55.2	16.0	-66.4
100	(0 to 1.5:12)	16.0	-34.6	16.0	-41.0	16.0	-41.0	16.0	-36.8	16.0	-43.6	16.0	-43.6	16.0	-38.5	16.0	-45.7	16.0	-45.7	16.0	-40.0	16.0	-47.4	16.0	-47.4
10	Gable/Hip	21.8	-34.6	21.8	-60.2	21.8	-89.0	23.1	-36.8	23.1	-64.0	23.1	-94.6	24.3	-38.5	24.3	-67.1	24.3	-99.2	25.2	-40.0	25.2	-69.7	25.2	-103.0
20	Roof***	19.9	-33.6	19.9	-55.4	19.9	-83.3	21.1	-35.7	21.1	-58.9	21.1	-88.5	22.1	-37.4	22.1	-61.7	22.1	-92.7	23.0	-38.9	23.0	-64.1	23.0	-96.3
50	7° < θ ≤ 27°	17.3	-32.4	17.3	-49.0	17.3	-75.6	18.4	-34.4	18.4	-52.1	18.4	-80.3	19.3	-36.0	19.3	-54.6	19.3	-84.2	20.0	-37.4	20.0	-56.7	20.0	-87.5
100	(1.5 to 6:12)	16.0	-31.4	16.0	-44.2	16.0	-69.8	16.3	-33.3	16.3	-47.0	16.3	-74.2	17.1	-35.0	17.1	-49.2	17.1	-77.8	17.8	-36.3	17.8	-51.1	17.8	-80.8
10	Gable Roof	34.6	-37.8	34.6	-44.2	34.6	-44.2	36.8	-40.2	36.8	-47.0	36.8	-47.0	38.5	-42.1	38.5	-49.2	38.5	-49.2	40.0	-43.7	40.0	-51.1	40.0	-51.1
20	27° < θ ≤ 45°	33.6	-35.9	33.6	-42.3	33.6	-42.3	35.7	-38.1	35.7	-44.9	35.7	-44.9	37.4	-39.9	37.4	-47.1	37.4	-47.1	38.9	-41.5	38.9	-48.9	38.9	-48.9
50	(6 to 12:12)	32.4	-33.3	32.4	-39.7	32.4	-39.7	34.4	-35.4	34.4	-42.2	34.4	-42.2	36.0	-37.1	36.0	-44.2	36.0	-44.2	37.4	-38.6	37.4	-46.0	37.4	-46.0
100		31.4	-31.4	31.4	-37.8	31.4	-37.8	33.3	-33.3	33.3	-40.2	33.3	-40.2	35.0	-35.0	35.0	-42.1	35.0	-42.1	36.3	-36.3	36.3	-43.7	36.3	-43.7

**** For Hip Roofs with angle > 7 degrees (1.5:12) and ≤ 25 degrees (5.5:12), Zone 3 shall be treated as Zone 2 (Figure 30.4-2B, Note 7, p. 337)

Effective Wind Area (ft ²)	Location	Mean Roof Height of 15 feet						Mean Roof Height of 20 feet						Mean Roof Height of 25 feet						Mean Roof Height of 30 feet					
		Zone 4			Zone 5			Zone 4			Zone 5			Zone 4			Zone 5			Zone 4			Zone 5		
		+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
10	Wall	37.8	-41.0	37.8	-50.6	40.2	-43.6	40.2	-53.8	38.3	-41.7	38.3	-50.1	36.0	-39.4	36.0	-45.4	34.1	-37.5	34.1	-41.7	29.9	-33.3	29.9	-33.3
20		36.1	-39.3	36.1	-47.2	38.3	-41.7	38.3	-50.1	36.0	-39.4	36.0	-45.4	34.1	-37.5	34.1	-41.7	29.9	-33.3	29.9	-33.3	31.4	-35.0	31.4	-35.0
50		33.8	-37.0	33.8	-42.7	36.0	-39.4	36.0	-45.4	34.1	-37.5	34.1	-41.7	31.4	-35.0	31.4	-43.8	35.8	-39.4	35.8	-43.8	37.7	-41.3	37.7	-47.5
100		32.1	-35.3	32.1	-39.3	34.1	-37.5	34.1	-41.7	31.4	-35.0	31.4	-43.8	29.9	-33.3	29.9	-33.3	35.8	-39.4	35.8	-43.8	37.7	-41.3	37.7	-47.5
500		28.2	-31.4	28.2	-31.4	29.9	-33.3	29.9	-33.3	29.9	-33.3	29.9	-33.3	29.9	-33.3	29.9	-33.3	31.4	-35.0	31.4	-35.0	31.4	-35.0	31.4	-35.0



Garage Door Wind Loads
 for a Building with 30-foot Mean Roof Height
 Exposure C
 Tables 1609.7(1) & (2), and Section 1609.3.1

Effective Wind Area	Roof Angle	Wind Load	
		Width	Height
8	0 - 10 degrees	35.2	-39.8
10		34.1	-38.2
14		32.3	-36.1
9	> 10 degrees	38.4	-43.4
16		36.8	-41.0

For Effective Wind Areas between those given, values may be interpolated. Otherwise use the value associated with the lower Effective Wind Area. End Zone (a) shall be the smaller of 10% of Least Hor. Dist. or 40% of Mean Roof Height, but not less than 4% of Least Hor. Dist. or 3 ft. Identify the zone per the figure or information by others. Any questionable zone is to be considered the more critical zone.

Design is based on the 3-second gust (wind velocity) for Risk Category II (general residential & commercial construction) per FBC 1620.2 Broward. These tables not for use with essential facilities or assembly occupancies.