



Building Department  
4501 N Ocean Drive  
Lauderdale-By-The-Sea, FL 33308  
954-640-4215

## ROOFING PERMIT APPLICATION

Submission Requirements:  
(Must submit two of each document)

- COMPLETE BUILDING PERMIT APPLICATION SIGNED AND NOTARIZED
- DOCUMENTED PROOF OF COST INCLUDING ALL TRADES
- BROWARD COUNTY PROPERTY APPRAISER'S ASSESSED VALUATION
- NOTICE OF COMMENCEMENT FOR PROJECTS OVER \$2,500 IN VALUE
- COMPLETE UNIFORM ROOF PERMIT APPLICATION
- OWNER'S NOTIFICATION OF ROOFING CONSIDERATIONS
- WIND LOAD CALCULATIONS SIGNED AND SEALED BY ENGINEER
- LETTER OF CONSENT (if not the owner)
- FIRE CLASSIFICATION PAGE
- PRODUCT APPROVALS
- DOCUMENTATION OF ROOF INSULATION COMPLIANCE WITH FBC ENERGY R401 OR C401 ET SQ

# 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: _____	Floor Area: _____	Job Value: _____
	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 \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

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.

PERMIT NUMBER: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes the following information is provided in the Notice of Commencement.

**1. DESCRIPTION OF PROPERTY** (Legal description & street address, if available) **TAX FOLIO NO.:** \_\_\_\_\_

**SUBDIVISION** \_\_\_\_\_ **BLOCK** \_\_\_\_\_ **TRACT** \_\_\_\_\_ **LOT** \_\_\_\_\_ **BLDG** \_\_\_\_\_ **UNIT** \_\_\_\_\_

**2. GENERAL DESCRIPTION OF IMPROVEMENT:**

**3. OWNER INFORMATION:** a. Name \_\_\_\_\_

b. Address \_\_\_\_\_ c. Interest in property \_\_\_\_\_

d. Name and address of fee simple titleholder (if other than Owner) \_\_\_\_\_

**4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:**

\_\_\_\_\_  
\_\_\_\_\_

**5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:**

\_\_\_\_\_  
\_\_\_\_\_

**6. LENDER'S NAME, ADDRESS AND PHONE NUMBER:**

\_\_\_\_\_  
\_\_\_\_\_

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

**NAME, ADDRESS AND PHONE NUMBER:**

\_\_\_\_\_  
\_\_\_\_\_

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes:

**NAME, ADDRESS AND PHONE NUMBER:**

\_\_\_\_\_  
\_\_\_\_\_

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): \_\_\_\_, 20\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.**

\_\_\_\_\_  
**Signature of Owner or  
Owner's Authorized Officer/Director/Partner/Manager**  
State of Florida  
County of Broward

\_\_\_\_\_  
**Print Name and Provide Signatory's Title/Office**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_, as \_\_\_\_\_  
(name of person) (type of authority, ...e.g. officer, trustee, attorney in fact)

For \_\_\_\_\_ (name of party on behalf of whom instrument was executed)

\_\_\_\_\_ Personally known or \_\_\_\_\_ produced the following type of identification: \_\_\_\_\_

Notary

\_\_\_\_\_  
(Signature of Notary Public)

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

**Signature(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:**

By \_\_\_\_\_ By \_\_\_\_\_

**SECTION 1525  
HIGH-VELOCITY HURRICANE ZONES - UNIFORM PERMIT APPLICATION  
Florida Building Code 6th Edition (2017)**

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 6th Edition (2017)**

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                       Mechanically Fastened Tile                       Mortar/Adhesive Set Tile
- Asphaltic Shingles                       Metal Panel/Shingles                       Wood Shingles/Shakes
  
- Prescriptive BUR-RAS 150

ROOF TYPE

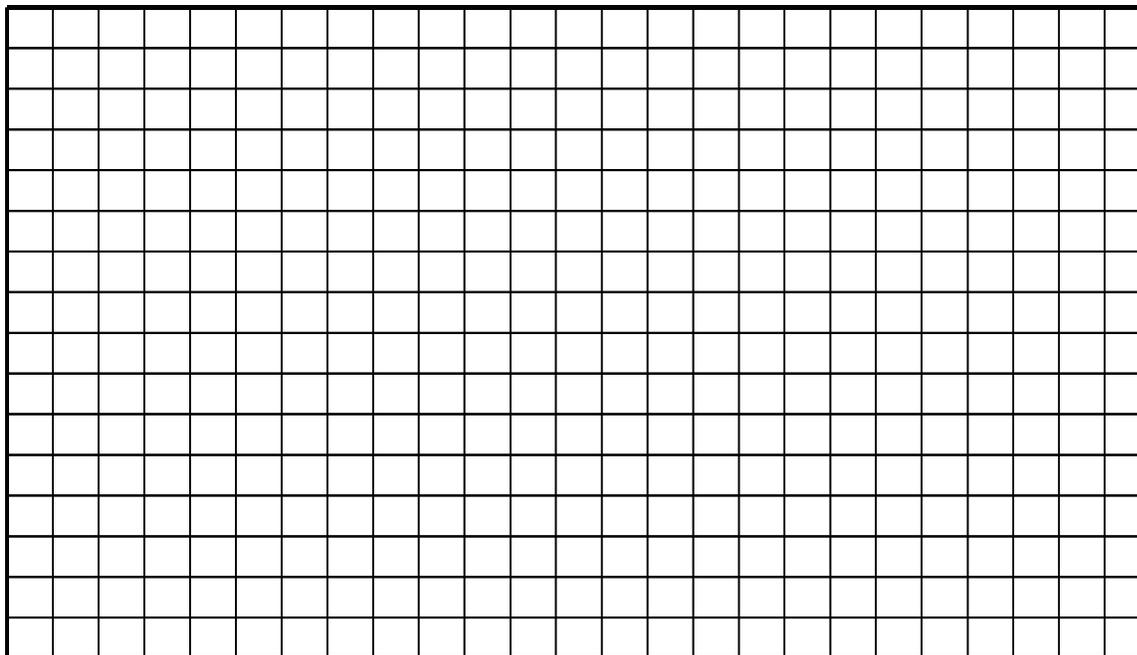
- New Roof                       Repair                       Maintenance                       Reroofing                       Recovering

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.



Florida Building Code 6th Edition (2017)

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:

Pmax1: \_\_\_\_\_ Pmax2: \_\_\_\_\_ Pmax3: \_\_\_\_\_

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

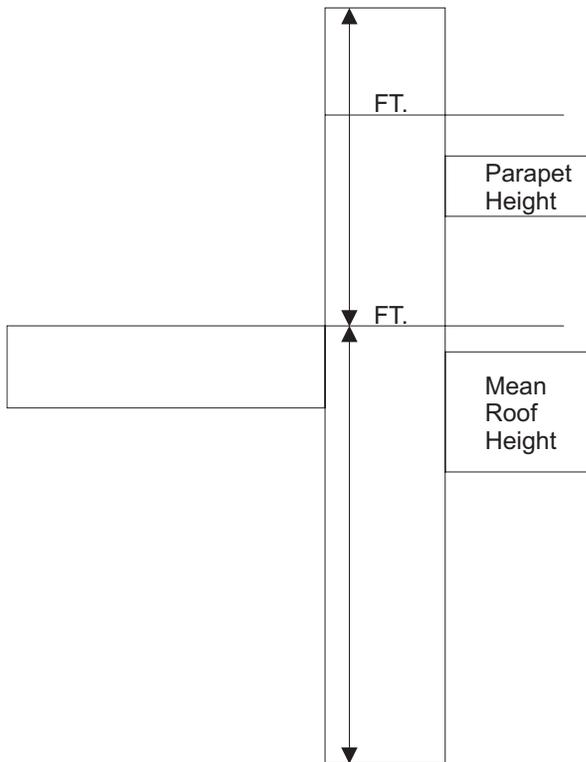
Number of Fasteners Per Insulation Board:

Field \_\_\_\_ Perimeter \_\_\_\_ Corner \_\_\_\_

Illustrate Components Noted and Details as Applicable:

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

Indicate: Mean Roof Height, Parapet Height, Height of Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit



**Florida Building Code Edition 6th Edition (2017)**

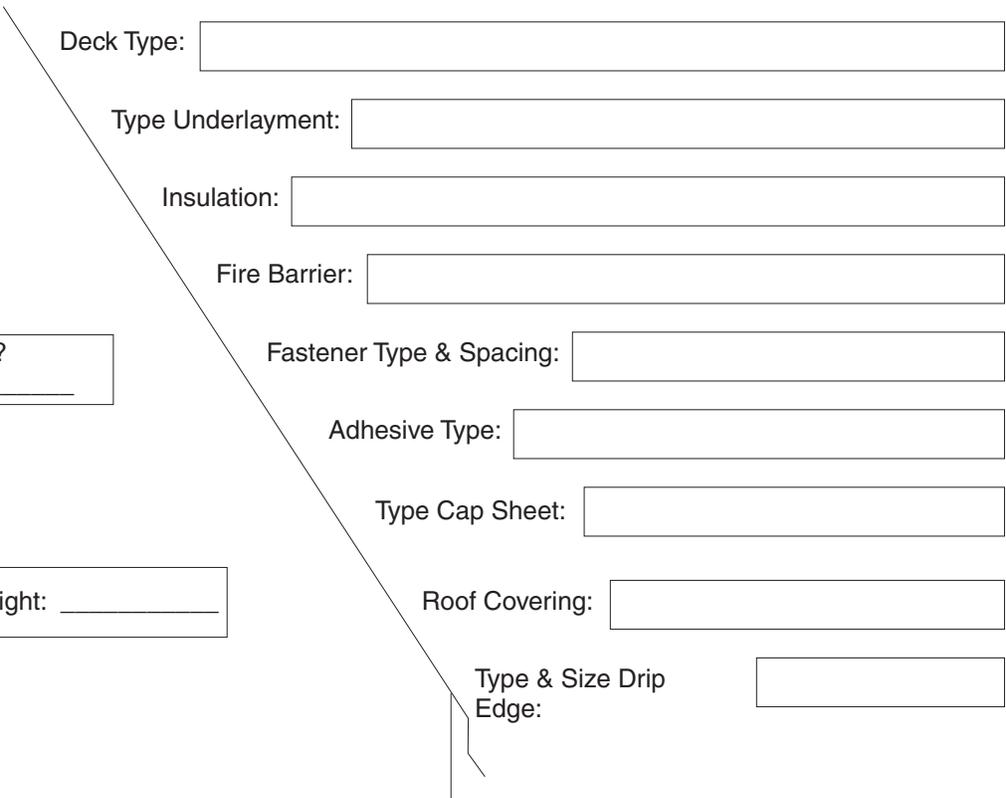
High-Velocity Hurricane Zone Uniform Permit Application Form.

**Section D (Steep Sloped Roof System)**

<b>Roof System Manufacturer:</b> _____
<b>Notice of Acceptance Number:</b> _____
<b>Minimum Design Wind Pressures, If Applicable (From RAS 127 or Calculations):</b> P1: _____ P2: _____ P3: _____
_____

**Steep Sloped Roof System Description**

<b>Roof Slope:</b> _____: 12	<b>Deck Type:</b> _____
	<b>Type Underlayment:</b> _____
	<b>Insulation:</b> _____
	<b>Fire Barrier:</b> _____
<b>Ridge Ventilation?</b> _____	<b>Fastener Type &amp; Spacing:</b> _____
	<b>Adhesive Type:</b> _____
	<b>Type Cap Sheet:</b> _____
<b>Mean Roof Height:</b> _____	<b>Roof Covering:</b> _____
	<b>Type &amp; Size Drip Edge:</b> _____



The diagram illustrates a cross-section of a steep sloped roof system. A diagonal line represents the roof slope. To the left of the slope, there are input boxes for 'Roof Slope: \_\_\_\_\_: 12', 'Ridge Ventilation?' (with a checkbox), and 'Mean Roof Height: \_\_\_\_\_'. To the right of the slope, there are input boxes for 'Deck Type:', 'Type Underlayment:', 'Insulation:', 'Fire Barrier:', 'Fastener Type & Spacing:', 'Adhesive Type:', 'Type Cap Sheet:', 'Roof Covering:', and 'Type & Size Drip Edge:'. A detail drawing of a drip edge is shown at the bottom right, with a vertical line representing the edge and a horizontal line representing the roof surface.

**Florida Building Code 6th Edition (2017)**  
**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  $M_f$ . If the  $M_f$  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"

$(P_1: \text{_____} \times \lambda \text{_____} = \text{_____}) - Mg: \text{_____} = M_{r1} \text{_____}$       Product Approval  $M_f$  \_\_\_\_\_

$(P_2: \text{_____} \times \lambda \text{_____} = \text{_____}) - Mg: \text{_____} = M_{r2} \text{_____}$       Product Approval  $M_f$  \_\_\_\_\_

$(P_3: \text{_____} \times \lambda \text{_____} = \text{_____}) - Mg: \text{_____} = M_{r3} \text{_____}$       Product Approval  $M_f$  \_\_\_\_\_

Method 2 "Simplified Tile Calculations Per Table Below"

Required Moment of Resistance ( $M_r$ ) From Table Below \_\_\_\_\_      Product Approval  $M_f$  \_\_\_\_\_

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

\*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 "Moment Based Tile Calculations Per RAS 127"

$(P_1: \text{_____} \times L \text{_____} = \text{_____} \times w: \text{_____}) - W: \text{_____} \times \cos \theta \text{_____} = F_{r1} \text{_____}$       Product Approval  $F'$  \_\_\_\_\_

$(P_2: \text{_____} \times L \text{_____} = \text{_____} \times w: \text{_____}) - W: \text{_____} \times \cos \theta \text{_____} = F_{r2} \text{_____}$       Product Approval  $F'$  \_\_\_\_\_

$(P_3: \text{_____} \times L \text{_____} = \text{_____} \times w: \text{_____}) - W: \text{_____} \times \cos \theta \text{_____} = F_{r3} \text{_____}$       Product Approval  $F'$  \_\_\_\_\_

<b>Where to Obtain Information</b>		
<b>Description</b>	<b>Symbol</b>	<b>Where to find</b>
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	$\theta$	Job Site
Aerodynamic Multiplier	$\lambda$	Product Approval
Restoring Moment due to Gravity	$M_g$	Product Approval
Attachment Resistance	$M_f$	Product Approval
Required Moment Resistance	$M_g$	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.

## 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. 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 the *Florida Building Code, Building*. (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 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 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:** 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.

<b>COMMENTS:</b>

\_\_\_\_\_  
Owner's/Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor's Signature



STATEMENT OF RESPONSIBILITIES REGARDING ASBESTOS

IF YOU ARE PLANNING TO DEMOLISH OR RENOVATE ANY EXISTING STRUCTURE, YOU MAY BE SUBJECT TO FEDERAL AND COUNTY RULES RELATING TO THE DEMOLITION AND THE HANDLING OF ASBESTOS CONTAINING MATERIAL. PLEASE FILL OUT THIS FORM TO DETERMINE IF THE ASBESTOS RULES AND A FEE APPLY TO YOU. SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

I. PROJECT INFORMATION:

Facility Owner: Phone:
Mailing Address: City: Zip:
Project Address: City: Zip:
Contractor Performing Work: Phone:
Email: Building Department Jurisdiction:
Estimated Start Date: (MM/DD/YY) Estimated Finish Date: (MM/DD/YY)

II. MARK THE APPROPRIATE BOX(ES) IF APPLICABLE:

1. Single-family residential home (not for commercial purpose) - If you check this box, skip sections 2 and 3. Review the back of this form and then sign and date this form at the bottom.

2. FACILITY: (Check One)

- Commercial, industrial, or public building
School/ College/ University
Any residential building with more than four dwelling units
Unsafe structure
Two or more residential structures at the same site
Emergency
Any residential property being demolished for commercial purposes or by government order

3. ACTIVITY: (Check all that apply)

- Renovations: Built-up roofing removal (>5580 ft^2): Removal Method: Hand Tools Power Saw
Exterior alteration (>160ft^2): Stucco/Finishes Other
Interior alteration (>160ft^2): Floor covering Wall Board Ceiling Piping Floor/Wall Mastic Wall Finishes
HVAC Other
Demolition: Total Partial Column Tie Beam Truss(es) Exterior Wall(s) Other

III. IF ANY BOX IS MARKED UNDER FACILITY AND ACTIVITY THEN THE FOLLOWING ITEMS ARE REQUIRED:

- 1. An original Notice of Demolition or Asbestos Renovation using DEP form 62-257.900(1)\* or electronic notification\* must be completed and submitted at least ten (10) working-days before start of project, for:
all demolitions
all renovations involving at least 160 ft^2, 260 Lft. or 35 ft^3 of regulated asbestos containing material
2. The asbestos survey report must be done in accordance with Broward County Code Chapter 27, Section 180 to indicate the presence or absence of asbestos containing material.
3. Payment of the appropriate fee per fee schedule, if applicable.

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

Owner/Authorized Agent (print) Title:

Signature Date

\*Notice of Demolition or Asbestos Renovation form and fee schedule are available at: www.broward.org/epermits

For Official Use: An Asbestos Survey Is Required Is Not Required

WHITE - PPRAQD, YELLOW - Building Department, PINK - Applicant

## WARNING

YOU MAY BE SUBJECT TO SUBSTANTIAL PENALTIES UNDER FEDERAL LAW FOR FAILURE TO PROVIDE WRITTEN NOTIFICATION AT LEAST TEN (10) WORKING-DAYS PRIOR TO DEMOLITION OR RENOVATION. PLEASE BE ADVISED THAT A CITY / COUNTY DEMOLITION OR RENOVATION PERMIT DOES NOT MEET THE REQUIREMENT OF THE TEN DAY NOTIFICATION.

**THIS FORM DOES NOT CONSTITUTE A 10 WORKING-DAY NOTIFICATION.**

**DEMOLITION:** The Federal regulations for asbestos require a ten (10) working-day advanced notification from owners or operators (including contractors) engaged in the demolition of a facility. "Facility" is defined to include all structures, installations and multiple buildings, but excludes a single residential building having four or fewer dwelling units. Demolition includes the wrecking or dismantling of any load-supporting structural member. This includes beams and load supporting walls. The notification is required even if no asbestos containing materials are present in the facility, must be accompanied by an asbestos survey performed in accordance with Broward County Code Section 27-180 and the appropriate fee.

**RENOVATION:** Notification is required for renovation projects of a facility if the amount of Regulated Asbestos Containing Material (RACM) being removed, stripped, or disturbed is greater than or equal to 160 square feet, 260 linear feet of pipe insulation or 35 cubic feet of facility components. The notification is required to be submitted at least ten (10) working-days prior to the renovation and must be accompanied by an asbestos survey performed in accordance with Broward County Code Section 27-180 and the appropriate fee.

The original **Notice of Demolition or Asbestos Renovation** DEP Form 62-257.900(1), an **asbestos survey report and the appropriate fee** must be submitted to:

Broward County Environmental Protection and Growth Management Department  
Pollution Prevention Remediation and Air Quality Division  
One North University Drive, Suite 203  
Plantation, FL 33324  
954-519-1260

Federal asbestos regulations apply to both the facility owner and operator. Both owner and operator can be held liable for failure to submit a **Notice of Demolition or Asbestos Renovation** form at least ten (10) working-days prior to a demolition, or renovation involving greater than 160 square feet, 260 linear feet or 35 cubic feet of RACM.

### **USE OF A FLORIDA LICENSED ASBESTOS CONSULTANT**

Florida Statutes require that no person shall conduct an asbestos survey, develop an Operation and Maintenance Plan, prepare abatement specifications, or monitor and evaluate asbestos abatement, unless trained and licensed as an asbestos consultant with the following exceptions:

- A homeowner may act as a licensed asbestos consultant in the home (four or fewer dwelling units) in which they reside if they sign a disclosure statement at the building department.
- Built-up roofing containing asbestos may be removed by state certified roofers under the direction of an onsite roofing supervisor properly trained in asbestos-containing roof removal.



Building Department  
 4501 N Ocean Drive  
 Lauderdale-By-The-Sea, FL 33308  
 954-640-4215

### Rooftop Equipment Affidavit

Permit #: \_\_\_\_\_

Job Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Qualifier: \_\_\_\_\_ License #: \_\_\_\_\_

Is any mechanical equipment being relocated or replaced? Yes  No

**If yes, a mechanical permit is required.**

If a curb stand is proposed, two (2) copies of plans signed and sealed by an engineer showing the attachment of stand/curb to the equipment is required. These plans must be in accordance with Florida Building Code Section 1522 in its entirety. Upon the submittal of an alteration or addition of a curb or stand, the planning division may determine that the alteration of an existing screening device or addition of a screening device may be required.

Qualifier/ Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
 by \_\_\_\_\_ who produced  
 (state ID and #) \_\_\_\_\_.

Notary Public of Florida \_\_\_\_\_