



Seminole County Re-Roof Supplement

Permit # _____

Address _____

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72M, please provide the information and approval number for the roofing material proposed to be used on the structure.

Product approval information can be obtained at the following sources:

- The Florida Department of Community Affairs (DCA) Building Code Information Website is: <http://www.floridabuilding.org>
- The Miami/Dade County Building Code Compliance Website address is: <http://www.miamidade.gov/buildingcode>
- Directly from the manufacturer.

The following information must be submitted for all re-roof permits and posted on the jobsite with the permit for all inspections:

- This entire form.
- A copy of the manufacturer's Florida approved product installation details.

TYPE OF STRUCTURE	
Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>
EXISTING ROOF DATA	
Is existing roof being removed? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain: _____	
Type of existing roof: Asphalt Shingle <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Metal Panel <input type="checkbox"/> Built-Up <input type="checkbox"/> Single Ply <input type="checkbox"/> Other (specify) _____	
Roof Slope: _____ Type of existing roof framing: Wood frame <input type="checkbox"/> Metal frame <input type="checkbox"/>	
Type of existing sheathing: Wood sheathing <input type="checkbox"/> Wood plank <input type="checkbox"/> Metal Pan <input type="checkbox"/> Other(specify) _____	
NEW ROOF DATA	
Roofing Manufacturer _____ Style or Model _____	
Type of new roof: Asphalt Shingle <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Metal Panel <input type="checkbox"/> Built-Up <input type="checkbox"/> Single Ply <input type="checkbox"/> Other (specify) _____	
Florida Product Approval or Miami/Dade # _____	
Is sheathing being replaced? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many squares? _____	
Is roofing material being installed: Directly to the deck <input type="checkbox"/> On battens <input type="checkbox"/>	
Other job specific pertinent information: _____ _____	

It is the applicant's responsibility to verify that each roofing product has been installed in accordance with their limitations. Specific compliance will be verified during field inspections.

CONTRACTOR or OWNER/CONTRACTOR SIGNATURE: _____

DATE: _____