COMPLETE THE NEEDED SECTIONS OF THIS FORM FOR A PALM BEACH COUNTY PERMIT. THIS FORM AND FORM 300 IS TO BE COMPLETED FOR ALL RE-ROOFS AND ROOF RECOVERINGS. FORM 200 IS ALSO REQUIRED FOR SITE-BUILT, SINGLE FAMILY DWELLING RE-ROOFS.

**TWO COPIES OF THIS FORM WITH ORIGINAL SIGNATURES MUST BE ATTACHED TO THE PERMIT APPLICATION WITH ALL THE REQUIRED DOCUMENTS AS NOTED BELOW. TWO COPIES OF FORM 200 MUST BE PROVIDED AS NOTED ABOVE, AND ONE COPY OF EXECUTED FORM 300 – “REQUIRED OWNER'S NOTIFICATION FOR ROOFING CONSIDERATION”**

<table>
<thead>
<tr>
<th>Roof System</th>
<th>Required Sections of the Permit Application Form</th>
<th>Attachments Required See List Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Built-up or Modified</td>
<td>A,B,D</td>
<td>1,2,3,4,5,6,7</td>
</tr>
<tr>
<td>Asphalt Shingles</td>
<td>A,B,C</td>
<td>1,2,4,5,7</td>
</tr>
<tr>
<td>Concretes or Clay Tile</td>
<td>A,B,C,</td>
<td>1,2,3,4,5,7</td>
</tr>
<tr>
<td>Metal Roofs</td>
<td>A,B,G</td>
<td>1,2,3,4,5,7</td>
</tr>
<tr>
<td>Wood Shingles or Shakes</td>
<td>A,B,C</td>
<td>1,2,3,4,5,7</td>
</tr>
<tr>
<td>Other</td>
<td>As Applicable</td>
<td>As Applies : 1,2,3,4,5,6,7</td>
</tr>
</tbody>
</table>

**ADDITIONAL DOCUMENTS REQUIRED**

1. Building Permit Application
2. Product Approval Information
   - Product Approval, Cover Sheet
   - Product Approval, **Specific** System Description
   - Product Approval, **Specific** System Limitations
   - Product Approval, General Limitations of Use
3. Roof uplift pressures and attachment per R301FBC-Res, 1609 FBC-Bldg, ASCE 7-05, RAS 127, RAS 128 or FRSA/TRI 07320/08-05
4. Roofing accessory product approvals (Ridge vents, Turbines, Mechanical Stands, etc.)
5. Mating detail (tie-in) for partial re-roof installations (if applicable)
6. Enhanced nailing details for flat roofs engineered. Exception: On Single-Family Dwelling and Accessory Structure flat roofs 400 square feet or less, contractor may propose 4" o.c. worst case fastening on Section D form for perimeter and corner zones.
7. Any other additional data required for the integrity of the roofing system to be determined.

Roofing Form 100 – Page 1 of 5
ROOFING FORM 100 - PERMIT APPLICATION
SUMMARY of SUPPLEMENTAL INFORMATION

Section A
(General Information)

PR # (Re-roofing): ________________  B # (New Construction): ________________

Contractor's Name: ____________________  License #: ____________________

Owner's Name: ____________________  Job Address: ____________________

Use Of Building:
☐ 1 or 2 Family  ☐ Multi-Family (3 or More Units)  ☐ Non-Residential

Exposure Category: ________________  Existing Roofing Type (Mat'1): ________________

Roof Type:
☐ New Roof  ☐ Re-Roofing  ☐ Recovering  ☐ Repair __________% of Roof/Section

Roof Slope: ___/12  Deck Type: ________________  Roof Height: __________

Proposed Roof Covering (Check all that are applicable to this permit application):
☐ Flat Roof  ☐ Mechanically Fastened Tile  ☐ Mortar/Foam Set Tile
☐ Asphalt Shingles  ☐ Metal Panel/Shingle
☐ Wood Shingles/Shakes
☐ Other ________________

Slope of Roofing Work by Area (Complete all that apply):
Flat Roof Area (≤2"/12 "): ___________sf  Steep Slope Roof Area (≥4"/12): ___________sf
Low Slope Roof Area (>2" - 4"/12): ___________sf  Total Roof Area, This Permit: ___________sf

CERTIFICATION:

All information supplied on any or all of the five pages of this form, or supplied by any other means, is true and correct.

__________________________  __________________________  ____________
(Qualifier Name Printed)  (Qualifier's Signature)  (Date)

Roofing Form 100 – Page 2 of 5
Section B
(Roof Plan)

☐ Re-roofing - Sketch Roof Plan: Illustrate all levels and sections. Include dimensions of sections and levels; clearly identify dimensions of elevated pressure zones and location of parapets and expansion joints. If applicable, identify locations of hurricane mitigation and provide attachment details on the following page.

☐ New Construction - Sketch not required. See building plans.

For Flat Roof, Perimeter Width (a'); Corner Size (a' x a'):
Section C
(Low & Steep Sloped Roof System)
(L.S. = >2" to 4" in 12") (S.S. = >4" in 12")

ROOF COVERING MANUFACTURER: ____________________________________________

Product Approval # (System or Roof Covering): ________________________________

Specify System # (if applicable): ____________________________________________

UNDERLAYMENTS:

Base sheet: ____________________ Product Approval # (except felt): _______________

Head lap in inches: ______________

Cap sheet: ____________________ Product Approval # (except 90 lb): ________________

Other: ________________________ Product Approval #: __________________________

ROOF COVERING ATTACHMENT METHOD:

Mechanically Fastened Tile: _______________________________________________
(Type & Number of Fasteners per Tile)

Asphalt Shingles: _________________________________________________________
(Number of Fasteners per Shingle)

If tile is proposed, specify if clips are being used and their location ______________

Mortar/Foam Set Tile: _____________________________________________________

Metal Panel/Shingle: _____________________________________________________

Mortar/Foam Manufacturer: ____________________ Clip or Fastener Spacing for Metal Roof Panels:

Tile Profile: ____________________ Field: _____ Perimeter: _____ Corners: ______

Patty size: ____________________ Hook Strip/Cleat Ga. or Weight: ___________

Tile Hip and Ridge Attachment Method (metal or wood ridge board req’d when installing per RAS-120): ________________________________

Valleys (Mat'l, Size, Ga. & Fastener Type and Spacing): ______________________

Drip Edge (Mat'l, Size, Ga. & Fastener Type and Spacing): ______________________

Ridge Vents (Mat'l & Fastener Type and Spacing): ______________________________

Product Approval #: _________________________________________________________

Roofing Form 100 – Page 4 of 5
ROOFING FORM 100 - PERMIT APPLICATION
SUMMARY of SUPPLEMENTAL INFORMATION
(Cont.)

Section D
Flat Roof Information (Built-up or Modified ≤ 2:12)

Fill in the specific roof assembly components below as applicable.

Roof System Manufacturer: ___________________________ System Type: ___________________________
System # (if applicable): ___________________________ Product Approval #: ___________________________

Minimum Wind Uplift Pressures: (use worst-case default values below or specify other from R301.2.1FBC-Res,
ASCE 7-05, RAS-128, or by design professional as applies)

<table>
<thead>
<tr>
<th>Exposure, Ht or less</th>
<th>Field</th>
<th>Perimeters</th>
<th>Corners</th>
</tr>
</thead>
<tbody>
<tr>
<td>B, 30' Ht or less</td>
<td>35 psf</td>
<td>59 psf</td>
<td>89 psf</td>
</tr>
<tr>
<td>C, 30' Ht or less</td>
<td>49 psf</td>
<td>83 psf</td>
<td>125 psf</td>
</tr>
<tr>
<td>Other: Exposure, Ht</td>
<td>Field</td>
<td>psf</td>
<td>psf</td>
</tr>
<tr>
<td>(P1) Field(s):</td>
<td></td>
<td>(P2) Perimeters:</td>
<td>(P3) Corners:</td>
</tr>
</tbody>
</table>

Max. Design Pressure Rating Listed in Approval for Specific System Description: ______ psf
(If less than Min. Wind Uplift Pressures above, provide enhanced fastening as allowed in product approval limitation notes)

Deck Type: ___________________________ & Support Spacing: ___________________________

If adding lightweight concrete to deck, provide Product Approval #: ___________________________

Fire or Vapor Barrier (if applicable): ___________________________ Product Approval #: ___________________________

Anchor/Base Sheet & # of Ply(s): ___________________________ & Fastener/Bond’g Mat’l:

Fastener Spacing for Base Sheet Attachment:
(1) Field: __" o/c @ laps & __ rows @ __ o/c
(2) Perim: __" o/c @ laps & __ rows @ __ o/c (3) Corners: __" o/c @ laps & __ rows @ __ o/c

Insulation Base Layer: Size & Thickness: ___________________________ Fastener/Bonding Mat’l:

Insulation Top Layer: Size & Thickness: ___________________________ Fastener/Bonding Mat’l:

Number Of Fasteners Per Insulation Board:
Field: ___________ Perimeter: ___________ Corner: ___________

Fastener Type: ___________________________ Alternate Fastener: ___________________________

Ply Sheet(s) & # of Ply(s): ___________________________ & Fastener/Bond’g Mat’l:

Top Ply: ___________________________ & Fastener/Bond’g Mat’l:

Surfacing (if applicable): ___________________________

Single Ply Membrane: ___________________________ & Fastener/Bond’g Mat’l:

Single Ply Sheet Width: ______ ½ Sheet Width: ______ No. of Single Ply ½ Sheets: ______

Wood Edge Nailer (if applicable): ___________________________ & Nailer Fastener Type and Spacing:

Drip Edge Metal: Material Type, Size, & Ga. or Weight: ___________________________

Drip Hook Strip/Cleat Metal Ga. or Weight (if applicable): ___________________________

Roofing Form 100 – Page 5 of 5