



Mailing: 25440 W Newberry Rd
Newberry, Florida 32669
Tel: 352-472-2161 Ext. 3
www.NewberryFL.gov
STAFF USE ONLY

ROOFING PERMIT APPLICATION

PERMIT EXPIRES 180 DAYS FROM THE DATE OF ISSUE

All plans must comply with 2020 Florida Building Codes, Seventh Edition, 2017 NEC,
City of Newberry Code of Ordinances & Land Development Regulations

APPLICANT/CONTRACTOR INFORMATION

Name/Company Name _____ Phone _____

Address: _____ Email: _____

Contractor Name _____ License # _____

Phone: _____ Email _____

PROPERTY INFORMATION

Property Owner _____ Phone _____

Address: _____ Parcel # _____

Zoning _____ Use _____

Unit # _____ Lot _____ Block _____

PROJECT INFORMATION

Use of building _____ Classification of work _____
(Single Family/Duplex/Other) (New Roof/Re-Roof/Roof Over)

Roof Type _____ Area of Roof _____

Value of work \$ _____

Description of work

Located in the Historic Little Red School House
25815 S.W. 2nd Avenue



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WARNING TO OWNER

A Notice of Commencement must be recorded and posted on the job site before first inspection. Your failure to record a Notice of Commencement may result in you 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 / CONTRACTORS AFFIDAVIT

I have carefully read and examined this application and the information contained within is true and correct to the best of my knowledge and belief. I certify that no work has commenced prior to the issuance of a permit, and that all work will comply with the City of Newberry and laws of the State of Florida, whether specified or not. **I will notify the City of Newberry 24 hours in advance for all inspection requests.** No work will be concealed before approval is issued.

Consent is given for the entry of authorized inspections until the job has received a Certificate of Occupancy or Certificate of Completion.

Contractor Name
Please Print

Contractor Signature

Date

Owner-Contractor Name
Please Print

Owner-Contractor Signature

Date



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ATTENTION ROOFING CONTRACTORS

BEGINNING JANUARY 1ST, 2018, ALL PERMIT APPLICATIONS FOR MOBILE HOME ROOF-OVERS WILL REQUIRE A STRUCTURAL ANALYSIS FROM AN ENGINEER. THE ENGINEER SHALL VERIFY THAT THE MOBILE HOME CAN WITHSTAND THE ADDITIONAL LOADS OF THE PROPOSED ROOF COVERING MATERIALS.

AN EVALUATION WILL NOT BE REQUIRED ON RE-ROOFS WHEN THE OLD ROOF COVERING IS REMOVED AND REPLACED WITH THE SAME TYPE OF ROOF COVERING.

ROOFING PERMIT APPLICATION LIST

ALL PERMIT APPLICATIONS SHALL INCLUDE THE FOLLOWING DOCUMENTS AND BE SUBMITTED IN THE ORDER LISTED BELOW. ALL DOCUMENTS MUST BE COMPLETE AND INCLUDED WITH THE APPLICATION PACKET BEFORE THE PERMIT APPLICATION WILL BE PROCESSED.

SUBMIT:

TWO SEPARATE PACKETS

EACH PACKET SHALL BE COMPLETE AND ORGANIZED IN THE FOLLOWING ORDER:

1. PERMIT APPLICATION (COMPLETE AND SIGNED)
2. PROOF OF OWNERSHIP OR COPY OF WARRANTY DEED
3. SKETCH OF ROOF
 - A. INCLUDE ALL RIDGE, VALLEYS, TRANSITION LOCATIONS, AND SLOPES.
4. FLORIDA PRODUCT APPROVAL FORM AND INSTALLATION INSTRUCTIONS
 - A. ROOFING MATERIALS, UNDERLAYMENTS, ETC.
5. ATTIC VENTILATION CALCULATIONS AND METHOD USED FOR VENTILATION
6. NOTICE OF COMMENCEMENT
 - A. RECORDED WITH ALACHUA COUNTY CLERK OF COURT (IF VALUE EXCEEDS \$2,500.00)

CONTACT THE BUILDING DEPARTMENT WITH ANY QUESTIONS.



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ROOF INSPECTION AFFIDAVIT

Permit Number: _____

Jobsite Address: _____

I _____ licensed as a(n): _____

Print name Contractor¹/Engineer/Architect/FS 468 Building Inspector

License # _____ on or about _____

Date and time

I did personally inspect the roof deck nailing and/or secondary water barrier work at:

_____ Job site address

Roof Deck Material: OSB Thickness _____

Plywood Thickness _____

Lumber Thickness _____

Replaced any rotten wood per FBEC 708 and added crickets or saddles on ridge side of any chimney over 30 inches in width per FBC-R 903.22. Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (based on F.S 553.844)

Signature of Contractor, Contractor Designee, or FS 468 Building Inspector

Date

STATE OF FLORIDA
COUNTY OF ALACHUA

Sworn to (or affirmed) before me by means of physical presence or online notarization, this

_____ day of _____, 20____, by _____
(Day) (Month) (Year) (Name of Person Making Statement)

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced: _____

¹ General, building, residential, or roofing contractor or any individual certified under 468 F.S to make such an inspection.

ROOF REPLACEMENT REQUIREMENTS

NEW REQUIREMENTS FOR ROOF REPLACEMENT PERMITS PER FLORIDA STATUTE 553.844

Roof Deck Attachment

- If roof covering is removed, the entire deck attachment and fasteners shall be strengthened as per Section 201.1 of the Hurricane Mitigation Retrofit Manual. If staples were used on the existing deck, it shall be nailed as per the Manual.
- Fasteners shall be 8d ring shank fasten 6" o. c., unless existing deck is fasten with 8d clipped head, round head or ring shank fasten 6" o. c. or less.

Secondary Water Barrier

- All joints in roof sheathing or decking shall be covered with a minimum 4 in. wide strip of self-adhering polymer modified bitumen tape covered with approved underlayment for the particular roof covering.
- Entire roof deck covered with an approved self-adhering polymer modified bitumen cap sheet. No additional underlayment is required.
- An underlayment complying with section 1507.2.3 of the Florida Building Code. The felt is to be fasten with 1" round plastic cap or metal cap nails attached to a nailable deck in a grid pattern of 12 inches staggered between the overlaps, with 6 inch spacing at the overlaps.

Note: These requirements apply to Single Family site-built residences constructed prior to the 2001 Florida Building Code (March 1, 2002) and not to manufactured homes (Mobile Homes) or DCA residential manufactured buildings or commercial buildings.

New roof covering being installed over one layer of existing roof covering as per Florida Building Code 2007 Section 1510.3 and FBC Existing Building Code 2007 Section 611.3 is still allowed and deck attachment and secondary water barrier would not be required.

**** The City of Newberry will continue to do 2 inspections on re-roof permits. ****

- An in-progress inspection will be made on the day requested and no finished roof covering will be allowed until the inspection is made.
 - An affidavit will be given to the inspector at this inspection certifying that the attachment strengthening and secondary water barrier have been installed. This affidavit shall be signed by a licensed General, Building, Residential or Roofing Contractor or any individual certified under 468 F.S. to make such inspections, dated and notarized. It shall be an original document and no authorized agent may sign.
- A final inspection will be made when the job is completed.

PRODUCT APPROVAL SPECIFICATION SHEET

As required by FS553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below. You can find product approval numbers at www.floridabuilding.org; "Product Approval", "Find Product", select category (product), select manufacturer, and then search. **Please include the MFG's installation instructions in your package.**

CATEGORY/ SUBCATEGORY	MANUFACTURER	PRODUCT DESCRIPTION	APPROVAL NUMBER(S)
1. EXTERIOR DOORS	_____	_____	_____
A. SWINGING	_____	_____	_____
B. SLIDING	_____	_____	_____
C. SECTIONAL	_____	_____	_____
D. ROLL UP	_____	_____	_____
E. AUTOMATIC	_____	_____	_____
F. OTHER	_____	_____	_____
2. WINDOWS	_____	_____	_____
A. SINGLE HUNG	_____	_____	_____
B. HORIZONTAL SLIDER	_____	_____	_____
C. CASEMENT	_____	_____	_____
D. DOUBLE HUNG	_____	_____	_____
E. FIXED	_____	_____	_____
F. AWNING	_____	_____	_____
G. PASS THROUGH	_____	_____	_____
H. PROJECTED	_____	_____	_____
I. MULLION	_____	_____	_____

CATEGORY/ SUBCATEGORY	MANUFACTURER	PRODUCT DESCRIPTION	APPROVAL NUMBER(S)
J. WIND BREAKER	_____	_____	_____
K. DUAL ACTION	_____	_____	_____
L. OTHER	_____	_____	_____
3. ROOFING PRODUCTS	_____	_____	_____
A. ASPHALT SHINGLES	_____	_____	_____
B. UNDERLAY- MENTS	_____	_____	_____
C. ROOFING FASTNERS	_____	_____	_____
D. NON- STRUCTURAL METAL ROOFING	_____	_____	_____
E. WOOD SHINGLES & SHAKES	_____	_____	_____
F. ROOFING TILES	_____	_____	_____
G. ROOFING INSULATION	_____	_____	_____
H. WATER- PROOFING	_____	_____	_____
I. BUILT-UP ROOFING ROOF SYSTEMS	_____	_____	_____
J. ROOFING SLATE	_____	_____	_____
K. LIQUID APPLIED ROOF SYSTEMS	_____	_____	_____
L. ROOF TILE ADHESIVE	_____	_____	_____



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CATEGORY/ SUBCATEGORY	MANUFACTURER	PRODUCT DESCRIPTION	APPROVAL NUMBER(S)
M. SPRAY APPLIED POLYURETHANE ROOF	_____	_____	_____
N. OTHER	_____	_____	_____
4. SKYLIGHTS	_____	_____	_____
5. NEW EXTERIOR ENVELOPE PRODUCTS	_____	_____	_____

THE PRODUCTS LISTED BELOW DID NOT DEMONSTRATE PRODUCT APPROVAL AT PLAN REVIEW. I UNDERSTAND AT THE TIME OF INSPECTION OF THESE PRODUCTS, THE FOLLOWING INFORMATION MUST BE AVAILABLE ON THE INSECTOR ON THE JOBSITE.

1. COPY OF THE PRODUCT APPROVAL
2. THE PERFORMANCE CHARACTERISTICS WHICH THE PRODUCT WAS ESTED AND CERTIFIED TO COMPLY WITH
3. COPY OF THE APPLICABLE MANUFACTURER’S INSTALLATION REQUIREMENTS.

FURTHER, I UNDERTAND THERE PRODUCTS MAY HAVE TO BE REMOVED IF APPROVAL CANNOT BE DEMONSTRATED DURING INSPECTION.

Signature of Applicant

Date