

TO: ALL BUILDING DIVISION PERSONNEL

**FROM: DOUG WISE
BUILDING DIVISION DIRECTOR**

PREPARED BY: BUILDING DIVISION

**SUBJECT: USE OF AFFIDAVITS FOR THE REROOFING OF EXISTING
SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES.**

PPM #: PB-O-086

<u>ISSUE DATE</u>	<u>EFFECTIVE DATE</u>
January 9, 2020	January 9, 2020

PURPOSE:

To provide an alternate method for the acceptance and verification from licensed contractors of secondary water barrier, structural roof diaphragms (sheathing), roof metal installations and in-progress inspections, and retrofitting roof to wall connections pursuant to the FBC, while protecting the structure and its contents.

To provide a method for the acceptance and verification from Owner/Builders for structural roof diaphragm (sheathing) fastening, and secondary water barrier.

UPDATES:

Future updates to this PPM are the responsibility of the Director of the Building Division, Deputy Building Official, Assistant Deputy Building Official, or Codes Product & Training Supervisor, under the authority of the Director of the Building Division.

AUTHORITY:

Section 105 and 110.3.9.1 - Palm Beach County Amendments to the Florida Building Code; Section 611 of the Florida Building Code (FBC), Existing Building.

POLICY:

- A. Where roofing materials are removed from more than 50 percent of the roof diaphragm of a building or section of a building.....roof diaphragms and connections that are part of the main wind-force resisting system shall be evaluated for the wind loads specified in the Florida Building Code, Building, including wind uplift. If the diaphragms and connections in their current condition do not comply with those wind provisions, they shall be replaced or strengthened in accordance with the loads specified in the Florida Building Code, Building.

- B. Under specific circumstances as outlined in this PPM, the licensed contractor holding a permit for the replacement of roofing systems on existing single family residential structures, may certify roof to wall connections retrofits, structural roof diaphragms (sheathing) fastening, secondary water barrier, roof metal installation, and in-progress inspection for code compliance. These actions may protect the structure and its contents, when required inspections are not performed by Building Division staff.

- C. The owner/builder holding a permit for the replacement of a roofing system may certify the structural roof diaphragm (sheathing) fastening, and secondary water barrier, which may protect the structure and its contents.

PROCEDURE:

- A. During the process of re-roofing, extraordinary conditions such as impending inclement weather or unexpected delays may necessitate the progression or completion of the roofing, prior to a scheduled inspection. In these cases, the licensed contractor may certify the structural roof diaphragms (sheathing), secondary water barrier, roof metal installation, and in-progress inspection for code compliance, without calling for a scheduled inspection. The Contractor shall provide an OWNER'S ACKNOWLEDGEMENT and WAIVER OF STANDARD INSPECTIONS (Form 003-PBO-086), and a CONTRACTOR AFFIDAVIT FOR THE REROOFING OF EXISTING SITE BUILT SINGLE FAMILY STRUCTURES (Form 001-PBO-086) for this certification. The permit qualifier shall provide comprehensive photographic evidence to satisfactorily demonstrate that all covered work was performed in compliance with the Florida Building Code and the permitted documents. Comprehensive photographic evidence demonstrating code compliance shall accompany the affidavit. The photographs shall be comprehensive in display of the installation, and provide specific details of the drip edge, valley metals, hip and ridge attachments, and job location identifiers. The affidavit shall be executed by the permit qualifier. The owner's acknowledgement and waiver, contractor affidavit, and photographs must be presented to the inspector on-site, at the next scheduled inspection.

- B. The Owner Builder may certify the evaluation and remedial action performed on structural roof diaphragms (sheathing) fastening, connections, and secondary water barrier without calling for a scheduled inspection. The owner builder may use the OWNER BUILDER AFFIDAVIT FOR ROOF DIAPHRAGM (SHEATHING) EVALUATION (Form 002-PBO-086). This affidavit and comprehensive photographic evidence demonstrating code compliance shall be provided to the Structural Building Inspector at the Roof Metal Inspection.

- C. Existing site-built single family residential structures that require strengthening roof to wall connections pursuant to Section 611.8 of the Florida Building Code 2007, Existing Building, shall be inspected with a scheduled framing anchor (124) inspection, which is a required inspection for Owner Builders. In the case of a licensed contractor, if the Building Division does not inspect the installation of the required connectors, the qualifier must submit an OWNER'S ACKNOWLEDGEMENT and WAIVER OF STANDARD INSPECTIONS

(Form 003-PBO-086) with the appropriately executed fields reflecting the work, and a CONTRACTOR AFFIDAVIT FOR HURRICANE MITIGATION (Form 004-PBO-086).

These documents must also be accompanied by comprehensive photographic evidence demonstrating code compliance, and provided to the inspector at the next scheduled inspection.

Nothing in this PPM shall be deemed to allow the contractor or owner builder to perform work outside of the permitted scope of work for his/her license.

- D. When the inspector is performing an inspection and has determined that a required preceding inspection(s) was not performed, the Structural Building Inspector will either:
- I. Fail the inspection until appropriately certified by the permit qualifier;

OR
 - II. Pass the preceding Inspection if the affidavit and photographs are present at the job site and appropriately reflect Code compliance;

OR
 - III. If photographs are insufficient to demonstrate compliance with the FBC and/or permit documents, or are missing, the Inspector shall require the contractor to obtain the services of a Registered Florida Professional Engineer or Certified Roofing Consultant to inspect and certify the work performed.
- E. When a Final is the only scheduled inspection and an affidavit is supplied, the Inspector shall add-on the Roof Metal Inspection and result the inspection as passed, with the Inspection result code of 143 (Roof Metal Certified).



DOUG WISE
BUILDING DIVISION DIRECTOR

Supersession History

1. PPM# PB-O-086, issued 06/07/93
2. PPM# PB-O-086 effective 07/01/93
3. PPM# PB-O-086, issued 12/06
4. PPM# PB-O-086, issued 04/08
5. PPM# PB-O-086, issued 09/22/10
6. PPM# PB-O-086, effective 12/01/10
7. PPM# PB-O-086, issued 04/25/12
8. PPM# PB-O-086, issued 1/9/20



CONTRACTOR AFFIDAVIT FOR THE RE-ROOFING OF EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES - FORM 001 (Cannot be used by owner builder applicants)

NOTE: Comprehensive photographic evidence demonstrating code compliance shall accompany this affidavit.

I _____ the Contractor/Qualifier do affirm and certify that the roofing system installed under permit number _____ and located at _____

_____ was installed under my supervision; and the roofing system is in compliance with Chapter 9 of the 10 Florida Building Code Residential, Chapter 6, Section 611 of the Florida Building Code, Existing Building, and the appropriate Product Approval under Rule 9N-3. The roofing system as installed is described in the following sections:

Roof Permit Type

(Check/Complete all that apply)

- Replacement Roofing Recovering Repair/Maintenance

Roofing Category Scope of Roofing Work

(Check/Complete all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Asphalt Shingles | <input type="checkbox"/> Flat Roof (membrane, built-up, etc.) |
| <input type="checkbox"/> Mechanically Fastened Tile | <input type="checkbox"/> Mortar/Adhesive Set Tile |
| <input type="checkbox"/> Metal Panels/Shingles | <input type="checkbox"/> Wood Shingles/Shakes |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Flat Roof Area ($\leq 2"/12"$): _____ s.f. Low Slope Roof Area ($> 2"$ to $4"/12"$): _____ s.f.

Steep Slope Roof Area ($\geq 4"/12"$): _____ s.f. Total Roof Area Under This Permit: _____ s.f.

Roof Diaphragm Evaluation

Florida Building Code Existing Building 2010, Section 606.3.2 Roof diaphragm (*Roof Sheathing*): Where roofing materials are removed from more than 50 percent of the roof diaphragm of a building or section of a building,..... roof diaphragms and connections that are part of the main wind-force resisting system shall be evaluated for the wind loads specified in the *Florida Building Code, Building*, including wind uplift. If the diaphragms and connections in their current condition do not comply with those wind provisions, they shall be replaced or strengthened in accordance with the loads specified in the *Florida Building Code, Building*.

FBC,E 611.7.1-Roof decking attachment for site-built single-family residential structures.

Wood structural panel sheathing shall be fastened to roof framing with 8d ring-shank nails at 6 inches on center at edges and 6 inches on center at intermediate framing.

Was the roof diaphragm evaluated for insufficient or deteriorated connections? _____

Were any of the roof diaphragms in need of replacement? _____ Approx. square footage: _____

What type of material was used to replace the deficient roof diaphragms? _____
(CDX,FRP,OBS ETC.)

Has the roof sheathing been fastened to Code? _____ Type of fastener: _____

Has the embedment of the diaphragm fasteners been verified? _____

CONTRACTOR AFFIDAVIT FOR THE RE-ROOFING OF EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES - FORM 001 (Cont.)

Steep Slope Roof Information (≥4" in 12")

Roof Slope: _____ inches in 12 inches Product Approval #: _____

Manufacturer: _____ Spec #: _____ Deck Type: _____

Roof Covering: _____ Roof Covering Style: _____
(IE: Concrete Tile, Asph. Shingles, etc) (IE: Flat, Spanish S, Three Tab, etc)

Roof Covering Attachment Method: _____
(Ex: Foam, Nail & Clip, Fastener type and number per tile, shingle, etc (diameter and length))

Indicate type of secondary water barrier method: _____

Underlayment Type: & head lap in inches: _____

Fastener Spacing for Base Sheet/Underlayment Attachment:

Field : _____ inches on center at laps & _____ rows at _____ inches on center

Perimeter : _____ inches on center at laps & _____ rows at _____ inches on center

Corners : _____ inches on center at laps & _____ rows at _____ inches on center

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

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

Other Flashing (Mat'l, Size, Ga. & Fastener Type and Spacing): _____

Hip and Ridge, Support and Tile Attachments: _____

Installed Tile Head Lap in inches: _____

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

Low Slope Roof Information (>2" to 4" in 12")

Roof Slope: _____ inches in 12 inches Product Approval #: _____

Manufacturer: _____ Spec #: _____ Deck Type: _____

Roof Covering: _____ Roof Covering Style: _____
(IE: Concrete Tile, Asph. Shingles, etc) (IE: Flat, Spanish S, Three Tab, etc)

Roof Covering Attachment Method: _____
(Ex: Foam, Nail & Clip, Fastener type and number per tile, shingle, etc (diameter and length))

Indicate type of secondary water barrier method: _____

Underlayment Type: & head lap in inches: _____

Fastener Spacing for Base Sheet/Underlayment Attachment:

Field : _____ inches on center at laps & _____ rows at _____ inches on center

Perimeter : _____ inches on center at laps & _____ rows at _____ inches on center

Corners : _____ inches on center at laps & _____ rows at _____ inches on center

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

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

Other Flashing (Mat'l, Size, Ga. & Fastener Type and Spacing): _____

Hip and Ridge, Support and Tile Attachments: _____

Installed Tile Head Lap in inches: _____

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

CONTRACTOR AFFIDAVIT FOR THE RE-ROOFING OF EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES - FORM 001 (Cont.)

Flat Roof Information (≤ 2" in 12")

Roof Slope: _____ inches in 12 inches Product Approval #: _____

Manufacturer: _____ Spec #: _____ Deck Type: _____

Indicate type of secondary water barrier method: _____

Base Sheet & Type: _____

Base Sheet Fasteners / Bonding Material: _____

Ply Sheet Number and Type: _____

Ply Sheet Fasteners/ Bonding Material: _____

Top Ply: _____

Top Ply Attachment / Bonding Material: _____

Drip Edge, Material, Size , Gauge and Fastener Type: _____

Other Flashing, Material, Size , Gauge and Fastener Type: _____

Fastener Spacing for Base Sheet Attachment

Field : _____ inches on center at laps & _____ rows at _____ inches on center

Perimeter : _____ inches on center at laps & _____ rows at _____ inches on center

Corners : _____ inches on center at laps & _____ rows at _____ inches on center

By his/her signature below, the Contractor/Qualifier does affirm and certify that the previously provided applicable information for the roofing system installed under permit number _____ and located at _____ is true and correct, and that this work was done under his/her supervision.

Qualifier's Name (Please Print)

Qualifiers Signature

License #:

Date:

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20_____

by _____, whom do I personally know or who has
Name of Person Acknowledging

produced _____ as identification and who did/did not take an oath.
Type of I.D.

SEAL

(Signature of person taking acknowledgement)

(Name of officer taking acknowledgement typed, printed or stamped)



Owner- Builder Permit Qualifier Affidavit For Roof Diaphragm (Sheathing) Evaluation - Form 002

NOTE: Comprehensive photographic evidence demonstrating code compliance shall accompany this affidavit.

I, _____ the Owner-Builder Permit Qualifier do affirm and certify that the roofing diaphragm (sheathing) for the roofing system installed under permit number _____ and located at:

_____ was evaluated under my supervision; and the roof diaphragm was found to be in compliance with Chapter 8 of the 2007 Florida Building Code Residential, and Chapter 6 of the 2007 Florida Building Code, Existing Building, or remediation work was performed as outlined below to bring the roof diaphragm to Code-compliance.

Roof Diaphragm (Sheathing) Evaluation

Florida Building Code Existing Building 2010, Section 606.3.2 Roof diaphragm:

Where roofing materials are removed from more than 50 percent of the roof diaphragm of a building or section of a building,..... roof diaphragms and connections that are part of the main wind-force resisting system shall be evaluated for the wind loads specified in the *Florida Building Code, Building*, including wind uplift. If the diaphragms and connections in their current condition do not comply with those wind provisions, they shall be replaced or strengthened in accordance with the loads specified in the *Florida Building Code, Building*.

R803.2.3.1 Sheathing fastenings.

Wood structural panel sheathing shall be fastened to roof framing with 8d ring-shank nails at 6 inches on center at edges and 6 inches on center at intermediate framing.

Was the roof diaphragm evaluated for insufficient or deteriorated connections? _____
Were any of the roof diaphragms in need of replacement? _____ Approx. square footage: _____
What type of material was used to replace the deficient roof diaphragms? _____
(CDX,OBS,FRP ETC.)
Has the roof sheathing been fastened to Code? _____ Type of fastener? _____
Has the embedment of the diaphragm fasteners been verified? _____

By his/her signature below, the Owner-Builder Permit Qualifier does affirm and certify that the previously provided applicable information for the roofing system installed under permit number _____ and located at _____ is true and correct, and that this work was done under his/her supervision.

Owner-Builder Permit Qualifier Name (Print)

Owner-Builder Permit Qualifier Signature

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

The foregoing instrument was acknowledged before me by means of physical presence or online

notarization, this _____ day of _____, 20_____

by _____, whom do I personally know or who has
Name of Person Acknowledging

produced _____ as identification and who did/did not take an oath.
Type of I.D.

SEAL

(Signature of person taking acknowledgement)

(Name of officer taking acknowledgement typed, printed or stamped)



OWNER'S ACKNOWLEDGEMENT AND WAIVER OF STANDARD INSPECTIONS - Form 003

As the owner of a residence where reroof work is being performed, I hereby elect to have the work certified by affidavit pursuant to Building Division Policy Memorandum # PBO-086.

By selecting certification by affidavit, I understand that the contractor may cover work that was not inspected by the Palm Beach County Building Division and the contractor will provide comprehensive photographic evidence and affidavit(s) at the final inspection.

The Contractor has explained that I may select the traditional inspection process, instead of the certification by affidavit. I hereby approve the contractor to complete the reroof and/or structural roof to wall connection retrofit; and certify covered work pursuant to PBO-086. I understand that I may contact the Building Division Plan Review/Inspections Help Desk at (233-5108), if any questions exist.

Property Address: _____

Existing Roof Covering: _____

Proposed Roof Covering: _____

Re-Roofing Certification by Affidavit will be Utilized for: _____

Is Structural Roof to Wall Connection Retrofitting Required? _____

Will Certification by Affidavit be Utilized for Roof to Wall Connection Retrofitting? _____

Estimated Cost of Job _____ Permit # _____

NOTE: STATE STATUTES REQUIRE ALL PERMIT TYPES \$2500.00 OR OVER TO HAVE A NOTICE OF COMMENCEMENT RECORDED WITH THE CLERK OF THE CIRCUIT COURT PRIOR TO 1ST INSPECTION. YOU MUST SUPPLY A COPY OF THE RECORDED NOTICE OF COMMENCEMENT TO US. FORMS ARE AVAILABLE IN THE PERMIT CENTER OR VIA WEB SITE: <http://discover.pbcgov.org/pzb>

As the owner of a residence mentioned above, I have read and my signature below demonstrates my understanding of the Certification By Affidavit process.

OWNERS NAME: _____
PRINT SIGNATURE

PERMIT QUALIFIER: _____
PRINT SIGNATURE

LICENSE #: _____ DATE: _____

SUB-CONTRACTOR _____
(IF APPLICABLE) PRINT SIGNATURE

LICENSE #: _____ DATE: _____



Contractor Affidavit For Mandated Retrofits - Form 004 Per Section 611.8 Florida Building Code, Existing Building

611.8.1 Roof-to-wall connections for site-built single family residential structures. Where required by Section 611.8, the intersection of roof framing with the wall below shall provide sufficient resistance to meet the uplift loads specified in Table 611.8.1 either because of existing conditions or through retrofit measures. As an alternative to an engineered design, the prescriptive retrofit solutions provided in Sections 611.8.1.1 through 611.8.1.7 shall be accepted as meeting the mandated roof-to-wall retrofit requirements.

I, _____ the Contractor/Qualifier do affirm and certify that the Mandated Retrofits

installed under permit number _____ and located at _____

_____ were installed under my supervision; and that the Retrofits are installed in compliance with Section 611.8 of the Florida Building Code (Existing Building). The retrofits are installed is described in the following sections:

_____ Number of photos provided with this affidavit.

Existing anchors were found to have _____ fasteners; _____ additional fasteners were

(# of) (number, size & type)

installed to make a total of _____. Additional anchors _____ were installed

(# of) (Manufacture and Model number)

using _____ fasteners _____.

(# of) (size & type)

Other method of retrofit used (Describe in detail) _____

**Contractor Affidavit For Mandated Retrofits - Form 004 (Cont.)
Per Section 611.8 Florida Building Code, Existing Building**

By his/her signature below, the Contractor/Qualifier does affirm and certify that the previously provided applicable information for the retrofit system installed under permit number _____ located at _____

is true and correct, and that this work was done under his/her supervision.

Qualifier's Name (Please Print)

Qualifiers Signature

License #: _____

Date: _____

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20_____

by _____, whom do I personally know or who has
Name of Person Acknowledging

produced _____ as identification and who did/did not take an oath.
Type of I.D.

SEAL

(Signature of person taking acknowledgement)

(Name of officer taking acknowledgement typed, printed or stamped)

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