



City of Miami Gardens

Development Services - Building Services

18605 NW 27th Avenue, City Hall, 1st Floor

Miami Gardens, FL 33056

305-622-8027 (Office) 305-626-4220 (Fax)

www.miamigardens-fl.gov

PERMIT APPLICATION

FOR OFFICE USE ONLY

Process No.: _____

Date Applied: _____

Clerk: _____

Date Issued: _____

Applied for under: FLORIDA BUILDING CODE

Location of Improvements:**(USE BLACK OR BLUE INK ONLY)**

Job Site Address:

Building No.: _____ Suite No.: _____ Master Permit No.: _____

Lot: _____ Block: _____ Tax Folio No.: _____

Current Use: _____ Subdivision: _____ PB Page: _____

Property Owner Information:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Work: _____ Email: _____

Lessee Information/Owner's Agent:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Work: _____ Email: _____

Contractor Information:

Name: _____ Qualifier's Name: _____ License No: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Other Telephone: _____

Information of Authorized Person to Pick up Permit:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Work: _____ Email: _____

Type of Improvement (Detailed Scope of work):

Zoning: _____ Construction Cost: _____ Construction Type: _____

Square Feet: _____ Lineal Feet: _____ Group Occupancy: _____

No. of Units: _____ No. of Floors: _____ Gallons: _____ Building Height: _____

RESIDENTIAL (R)

COMMERCIAL (C)

MULTI-FAMILY (M)

Building Permit

Electrical Permit

Mechanical Permit

Plumbing Permit

Change of Contractor/ Architect/Engineer

Awning Canopies

Parking Lots

Signs

Feeders

Boiler Install

Change of Qualifier

Commercial

Swimming Pools

Slabs

Electric Services

Fire Sprinklers

Re-Certification of Plans

Demolition

Residential

Temp Work

Electric System

Settling Tanks

Revision of Plans

Fence

Roof

Temp Trailers

Temp Services

Water Treatment Plants

Permit Renewal

Gutters

Sheds

Windows Doors

A/C & Refrig.

Other: _____

Architect Information:

License No: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Engineer Information:

License No: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

ALL FIELDS MUST BE FILLED IN OR APPLICATION WILL BE DENIED PROCESS

ATTENTION ♦ IMPORTANT NOTICE - PLEASE READ CAREFULLY ♦ ATTENTION

A NOTICE OF COMMENCEMENT MUST BE RECORDED WHEN JOB VALUE EXCEEDS \$ 2,500.00. PERMIT CARD, PLANS AND THE RECORDED NOTICE OF COMMENCEMENT MUST BE VISIBLELY POSTED, IN GOOD CONDITION AND ACCESSIBLE AT ALL TIMES ON THE JOBSITE.

Work may begin only after receiving a validated permit and permit card.
Application submission alone does not grant the right to begin construction

Owner Agents must have an affidavit on file or one must be submitted with the permit application.

Qualifier's Affidavit: Application is hereby made to obtain a permit to do work and installation as indicated on the form. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for ELECTRICAL, PLUMBING, POOL, EXTERIOR DOOR, MECHANICAL WINDOW, FENCE, DRIVEWAY, ROOFING AND SIGN'S WORK; and that additional permits may be required by other government agencies.

Lessee's Affidavit: Lessee certified that he/she has full consent and authorization from the owner of subject property to perform the work mentioned and to hire captioned contractor.

Owner's Affidavit: I certified that the forgoing information is correct. Owner certifies that the aforementioned contractor has the authorization to perform the work as specified.

Owner Builder's Hold Harmless:

(ONLY VALID FOR OWNER-BUILDER PERMITS)

I am personally responsible for knowledge of all applicable laws and regulations.

I will personally reside in the house after completion and have issuance of a Certificate of Occupancy.

Neither I, nor any member of my immediate household family, have made an application for, or have been issued either an Owner-Builder permit or Certification of Occupancy based on an Owner-Builder permit for a single family residence within the past three (3) years.

I will be on the premises either supervising or performing the action work at all times. I will submit an accepted form of identification upon request by the Building Department's agent.

I understand that if an inspection is not approved after three (3) attempts, the Inspector may place a Stop Work Order on the job; and require that a licensed contractor complete the work.

I understand that any person whom I may wish to hire to aid me in the construction of my home, except common laborers, must hold a valid Dade County Certificate of Competency or be a State Certified contractor. All employees hired by me shall be covered by Workers Compensation Insurance. (Typically home-owner's insurance does not provide this coverage; please check with your insurance carrier.)

I understand all the requirements and responsibilities involved in obtaining an owner-builder permit.

I, have read and understood the forgoing disclosure, and am aware of my responsibilities and liabilities under my application for a building construction work on the described property. I further understand that failure to comply with all the required regulations may cause the revocation and/or denial of the permit and/or certificate of

Notarized Signature of Property Owner/Agent

Signature of Property Owner/Agent

State of Florida, County of Miami -Dade
Sworn and subscribed to me this:

Printed Name of Property Owner/Agent

Month Day Year

Personally Known or Identification:

Signature of Notary Public

Notary Public Stamp:

(Type of ID and expiration date)

Notarized Signature of Lessee

Signature of Property Lessee

State of Florida, County of Miami -Dade
Sworn and subscribed to me this:

Printed Name of Property Lessee

Month Day Year

Personally Known or Identification:

Signature of Notary Public

Notary Public Stamp:

(Type of ID and expiration date)

Notarized Signature of Qualifier/Owner-Builder

Signature of Property Qualifier

State of Florida, County of Miami -Dade
Sworn and subscribed to me this:

Printed Name of Property Qualifier

Month Day Year

Personally Known or Identification:

Signature of Notary Public

Notary Public Stamp:

(Type of ID and expiration date)

ALL FIELDS MUST BE FILLED IN OR APPLICATION WILL BE DENIED PROCESS

Revised 09/03/2020



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OWNER-BUILDER DISCLOSURE STATEMENT

The laws governing the State of Florida provide that a sole qualified owner may make application for a permit, provided the work under said permit is exclusively for the owner's occupancy and use. No more than one permit will be issued, to an owner-builder in a twelve (12) month period for a new Single Family Residence. The law requires that we provide you with the following disclosure statement:

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law (FRS. 489.103.) The exemption allows you, as the owner, of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build, or improve a one-family or two-family residence. You may also build or improve a commercial building at a cost of \$75,000.00 or less.

The building must be for your own use and occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within one (1) year after the construction is completed, the law will presume that you have built it for sale or lease, which is a violation of the exemption. You may not hire an unlicensed person to act as your contractor or subcontractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have the licenses required, by state law and by county and municipal ordinance. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed, must work under your supervision and must be employed by you, which means you must deduct FICA and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, Florida Building Code, and zoning regulations.

PROOF OF OWNERSHIP:

Legal description and name of document of proof must correspond to the name and legal description of the application. You must submit proof of ownership of the property concerned in the application as:

- * Recorded Quit Claim Deed;
- * Recorded Special Warranty Deed;
- * Recorded Warranty Deed;
- * Miami Dade County Tax Receipt;
- * For Commercial Properties a copy of lease, if applicable.

INSURANCE:

You should be advised that if your day labor employees cause any damage to persons or property, or if any of your day labor employees are injured on the job, **YOU ARE LIABLE**. Your regular home insurance policy ordinarily does not cover this type of liability.

DEMOLITION WORK:

In addition to meeting Florida Building Code requirements, you are responsible for disconnecting all utilities, including water, sewer, septic tank, electrical services, gas, telephone, cable TV, etc., prior to commencing demolition. You are also required to obtain a permit from the State of Florida Department of Health and Rehabilitation Services (DOH) in order to abandon any septic tank that is on the property.

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, SEPTIC TANK, PLUMBING, ROOFING AND MECHANICAL WORK

IMPORTANT NOTICE - Please Read

1. **Work may begin** only after receiving a validated permit and permit card. Applying of a permit does not grant the right to begin construction.
2. **The construction, demolition, alteration and/or repair of any building** shall take place between the hours of 7:00 a.m. to 8:00 p.m. on weekdays.
3. **All construction of demolition areas** must be maintained in a clean, neat and sanitary condition free from construction debris.
4. **Streets and neighboring properties** surrounding the construction site shall be kept free from dirt and debris.
5. **Swales** must be protected from being damaged by equipment or vehicles.
6. **Construction trailers** are prohibited on single-family residential construction sites. Other construction may have a trailer, which requires a separate permit.
7. Department of Health and Rehabilitative Services (HRS) approval is required for applications involving **septic tanks**. Department of Environmental Resource Management (DERM) and/or Miami-Dade Water and Sewer Department (MDWASA) approval is required for applications involving **sewers**.
8. **Portable toilets** for a construction site requires a separate permit.
9. **Do no discharge water** into the right of way or storm drains without approval from the Bldg. , Planning/Zoning Departments.
10. **Equipment and materials** shall be stored at least 10 feet from the edge of the right-of-way.
11. **Permit card, Permit and Plans** must be kept on site, be visible at all times, and be in good condition.
12. **Owner agents** must have an affidavit on file or one must be brought with the permit application
13. **Condo Association Letter of Approval** must be brought with the permit application.



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Affidavit of Awareness of Condo/Homeowners' Association Regulation

SUBMITTAL REQUIRED WITH APPLICATION

OWNER - Please provide a brief description of work: _____

For office use ONLY - Job Type: _____

(Please Check One)

I, _____, acknowledge that I am an owner/tenant in a condo/homeowners' association and that as an owner/tenant of the association, I may be subject to additional building, landscaping or other regulations. I further understand that the issuance of a Building Permit by the City of Miami Gardens, Florida does not exempt me from any and all other regulations imposed by the governing association.

I, _____, am not an owner/tenant of a condo/homeowners' association.

Job Address

Name of Condo/Homeowners' Association

Job City, State & Zip Code

Mailing Address of Condo/Homeowners'

Owner's Name

Condo/Homeowners' Association
City, State & Zip Code

Notarized Signature of Property Owner/Tenant

Printed Name of Property Owner/Agent

Signature of Property Owner/Agent

State of Florida, County of Miami -Dade

Sworn and subscribed to me this:

Month Day Year

Personally Known or Identification:

Signature of Notary Public

Notary Public Stamp:

(Type of ID and expiration date)

NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

PERMIT NO. _____ TAX FOLIO NO. _____

STATE OF FLORIDA:
COUNTY OF MIAMI-DADE:

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Space above reserved for use of recording office

1. Legal description of property and street/address: _____

2. Description of improvement: _____

3. Owner(s) name and address: _____

Interest in property: _____

Name and address of fee simple teholdre _____

4. Contractor's name, address and phone number: _____

5. Surety: (Payment bond required by owner from contractor, if any)

Name, address and phone number _____

Amount of bond\$ _____

6. Lender's name and address: _____

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 numbe _____

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

Name, address and phone numbe _____

9. Expiration date of this Notice of Commencement: _____

(the expiration date is 1 year from the date of recording unless a different date is specified)

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(s) of Owner(s) or Owner(s)' Authorized Officer/Director/Partner/Manager

Prepared By _____

Print Name _____

Title/Office _____

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this _____ day of _____

By _____

Individually, or as _____ for _____

Personally known, or produced the following type of identification: _____

Signature of Notary Public: _____

Print Name: _____

(SEAL)

VERIFICATION PURSUANT TO SECTION 92.525, FLORIDA STATUTES

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true, to the best of my knowledge and belief.

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

By _____

RELEASE OF LIEN AND AFFIDAVIT

Space above reserved for use of recording office

1. The undersigned contractor, for an in consideration of the payments of the sum of _____ paid by receipt of which is hereby acknowledged, hereby releases and quit claims to _____, the owner of the hereinafter described property, all liens, lien rights, claims or demands of any kind whatsoever, which the undersigned now has or might have against the building located on, or premises legally described as _____

on account of labor performed and/or materials furnished for the construction of any such improvements on said premises.

2. All labor and materials used by the undersigned in the erection of said improvements have been paid in full, except as follows: _____

3. All liens or claims for labor, services, or materials furnished for the improvement have been paid in full, except as follows:

4. This instrument is executed and delivered to the owner in compliance with Chapter 713, Florida Statutes.

5. The undersigned contractors does hereby consent to the payment by the owner of all liens giving notice and those liens above named

IN WITNESS WHEREOF, I have hereunto set by hand and seal this _____ day of _____, 20____.

Witnesses:

(SEAL)
(Contractor)

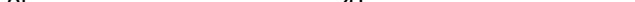
2. _____

By _____
(President)

STATE OF FLORIDA:

COUNTY OF MIAMI-DADE:

I, hereby acknowledge that the statements contained in the foregoing Release of Lien and Affidavit are true and correct. Sworn to and subscribed before me, this _____ day of _____, 20_____.



Notary Public _____

Print Notary's Name: _____

My Commission Expires: _____

This instrument prepared by:

Name: _____
Address: _____

NOTICE OF TERMINATION

(of Notice of Commencement)

STATE OF FLORIDA:
COUNTY OF MIAMI-DADE:

Space above reserved for use of recording office

The undersigned hereby gives notice that the effective period of that certain Notice of Commencement dated _____, recorded in O.R. Book/Page _____ / _____ of the Public Records of Dade County, Florida, will terminate; and, in accordance with Section 713.132, Florida Statutes, the following information is provided:

1. The date and recording information for the Notice of Commencement being terminated are as described above, and all information contained therein is hereby expressly incorporated into this NOTICE OF TERMINATION.
2. The Notice of Commencement shall be terminated as of _____, or 30 days from the recording date of this Notice of Termination, whichever date is later.
3. This Notice of Termination applies to:
 all the real property subject to the above described Notice of Commencement.
 only to the portion of such real property described as:

4. All lienors have been paid in full or prorata in accordance with Section 713.06(4), Florida Statutes.
5. A copy of this notice has been served on the contractor and on each lienor who has given notice, if any.

Owner Signature: _____
Print Name: _____

Owner Signature: _____
Print Name: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 20 _____
by: _____

Personally known to me, or produced _____ as identification.

Notary Signature: _____
Print Name: _____

seal

Exhibit attached:

- Contractor's Final Payment Affidavit
- Property Legal Description
- Copy of Notice of Commencement

MIAMI-DADE COUNTY CONSTRUCTION LIEN LAW FOR OWNERS

NOTE: IF YOU SIGNED AS THE OWNER'S AGENT YOU ARE RESPONSIBLE FOR DELIVERING THIS INFORMATION SHEET TO THE OWNER OF THE PROPERTY.

WARNING TO OWNER

Florida's Construction Lien Law (Chapter 713, Part One, Florida Statutes) requires the recording with the Clerk of the Courts a Notice of Commencement for real property improvements greater than \$2,500.00. However, it does not apply to the repair or replacement of an existing heating or air conditioning system less than \$7,500.00 in value. This notice must be signed by you, the property owner.

Under Florida law, those who work on your property or provide materials and are not paid, have a right to enforce their claim for payment against your property. This claim is known as a construction lien.

YOU MUST FILE A NOTICE OF COMMENCEMENT

For your protection under the Construction Lien Law and to avoid the possibility of paying twice for improvements to real property, you must record a Notice of Commencement in the Clerk of the Court's Office. You also must provide a certified copy of the recorded document at the construction site. The Notice of Commencement must be signed by you, the owner contracting the improvements, and not by your agent.

The Notice of Commencement form, provided with this information packet, must be completed and recorded within 90 days before starting the work.

A copy of the payment bond, if any is required by you and purchased by the contractor, must be attached as part of the Notice of Commencement when recorded.

If improvements described in the Notice of Commencement are not actually started within 90 days after the recording of the Notice, a new Notice of Commencement must be recorded.

You lose your protection under the Construction Lien Law if the payments are made to the contractor after the expiration of the Notice of Commencement. The Notice is good for one year after the recording date or up to the date specified under item nine of the form.

Florida law requires the Department of Regulatory and Economic Resources to be a second source of information concerning the improvements made on real property. The Building Permit Application (included with this packet) has been expanded to include information on the construction lender and the contractor's surety, if any. The new application requires your signature or your agent's, to inform you of the Construction Lien Law.

YOU MUST POST THE NOTICE OF COMMENCEMENT AT THE JOB SITE

By law, the Department of Regulatory and Economic Resources is required to verify at the first inspection, after the building permit is issued, that a certified copy of the recorded Notice of Commencement, with attached bonds if any, is posted at the construction site. Failure to show the inspector a certified copy of the recorded Notice will result in a disapproved inspection, (Florida Statute 713.135(1)(d)).

NOTICE TO OWNER FROM SUBCONTRACTORS AND SUPPLIERS

You may receive a Notice to Owner from subcontractors and material suppliers. This notice advises you that the sender is providing services or materials. Subcontractors and suppliers must serve a Notice to Owner within 45 days of commencing work to preserve their ability to lien your property.

If your address changes from that given in the Notice of Commencement, you should record a corrected Notice reflecting your current address. This is done to help ensure you will receive all notices.

RELEASE FROM LIEN FROM CONTRACTOR

Prior to paying the contractor, you need to receive a Release of Lien and Affidavit to the extent of payment from the general contractor. The Release of Lien and Affidavit shall state either that all the subcontractors and suppliers have been paid or list those unpaid and the amount owed. The contractor is required to list on the Release of Lien and Affidavit any subcontractor or supplier that has not been paid. That amount may be withheld from the contractor's pay and paid directly to the subcontractor or suppliers after 10 days written notice to the contractor.

If the balance due to the contractor is not sufficient to pay in full all subcontractors and suppliers listed on the contractor's affidavit, you may wish to consult an attorney.

The general contractor shall furnish a final Release of Lien and Affidavit to the owner indicating all subcontractors and suppliers have been paid at the time he requests final payment. You can rely on the affidavit in making final payment to the general contractor. If you make final payment to the general contractor without obtaining the affidavit, your property can be liened for non-payment if the general contractor fails to pay the subcontractors or suppliers. You should always obtain a Release of Lien and Affidavit from the contractor to the extent of any payments being made.

RELY ON YOUR LENDER FOR COMPLIANCE WITH CONSTRUCTION LIEN LAW

If you have a lender, you may rely on the lender to handle the recording of the Notice of Commencement. Learn more about the Construction Lien Law by contacting an attorney, your lender, or the Florida Department of Agricultural and Consumer Services, Division of Consumer Services.

Documents are recorded at the Clerk of the Courts, MIAMI-DADE COUNTY RECORDER, COURTHOUSE EAST, 22 N.W. First Street, 1st Floor, Miami, FL 33128.

You can record the Notice of Commencement by mail. The original Notice should be sent to the County Recorder, P.O. Box 011711, Flagler Station, Miami, Florida 33101. Please make sure the original Notice is signed and notarized. Also, remember to enclose the recording fee (for a single copy) and written instructions for recording and returning a certified copy of the recorded documents. For additional information on fees and recording documents call (305) 275-1155.



City of Miami Gardens

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Miami Gardens, Florida 33169
Tel: (305) 622-8027 Fax (305) 622-8557
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Roofing Permit Fee Sheet

Please enter the square footage for the roofing work you are performing in the space provided next to the appropriate roof type for your job. Listed below each roof type is the minimum requirement for the roof. If your roof type does not fit in the specific categories listed, please see a building processor or inspector. All roofing systems must be installed according to 2020 Florida Building Code, Manufactured Specifications, Product Control Approvals and Protocols. **The minimum fee is \$138.25**

This application is for a: New Roof Re-Roof Repair Recover

Repair Required Inspection: 135 – Tin cap
137 – Mop in progress
138 – Shingle/Tile in progress
199 – Final

Low Slope (Flat) / Shingle (Asphalt, Fiberglass, SBS) Roof Application

Fee Code	Description	Fee Calculation	Unit	No. Of Units	Fee
B908	LS (Flat) (All Groups)	\$0.14 per sq ft of roof coverage	Sq Ft	_____	_____
B908	Shingle (All Groups)	\$0.14 per sq ft of roof coverage	Sq Ft	_____	_____
B908	Lightweight Concrete	Flat Fee \$126.75		_____	_____

Minimum Code Requirements:

Low Slope (Flat) Roof - One approved glass base sheet tin capped in place. Two layers of No. 15 fiberglass felt set in hot asphalt. Flood coat of hot asphalt into which gravel is embedded. Minimum 26 gauge galvanized gravel stop/drip edge.

Shingle Roof - One No. 30 ASTM D-226. Tin Cap 6" o.c. on laps and 12" o.c. on field. Six (6) nails per shingle. 16" Valley Metal over Mineral Felt. Miami-Dade County Approved shingles.

Required Inspections:

Low Slope (Flat) Roof 135 – Tin Cap
137 – Mop in Progress
199 – Final

Shingle Roof 135 – Tin Cap
138 – Shingle/Tile in Progress
199 – Final

Roof Pitch Requirements:

Low Slope (Flat) Roof No Minimum – 3:12 Maximum on Gravel

Shingle Roof 2:12 Minimum – No Maximum

Tile / Tile (Mortar Set) / Metal / Others (Wood Shingles & Shakes) Roof Application

<u>Fee Code</u>	<u>Description</u>	<u>Fee Calculation</u>	<u>Unit</u>	<u>No. Of Units</u>	<u>Fee</u>
B908	Tile Roof (All Groups)	\$0.17 per sq ft of roof coverage	Sq Ft	_____	_____
B908	Metal Roof (All Groups)	\$0.17 per sq ft of roof coverage	Sq Ft	_____	_____
B908	Lightweight Concrete	Flat Fee \$126.75			_____

Minimum Code Requirements:

Tile Roof - As per Notice of Acceptance and Product Control Approvals.

Tile (Mortar Set) Roof - One layer of No. 30 felt tin capped 12" o.c. One layer of No. 90 ASTM mineral surfaced slate set in hot asphalt. Minimum 26 gauge galvanized eaves drip and valley metal. Tile set in appropriate mortar base as per Notice of Acceptance. Pull test required prior to final inspection.

Metal Roof - See Chapter 34 of the FBC Manufacturer's Specifications, Protocols and Product Control Approvals.

Required Inspections:

Tile Roof 135 – Tin Cap
 137 – Mop in Progress
 138 – Shingle/Tile in Progress
 199 – Final

Tile (Mortar Set) Roof 134 – Sheathing
 135 – Tin Cap
 138 – Shingle/Tile in Progress
 199 – Final

Metal Roof 138 – Shingle/Tile in Progress
 199 – Final

Roof Pitch Requirements:

Tile Roof As per Notice of Acceptance

Tile (Mortar Set) Roof As per Notice of Acceptance

Metal Roof As per Notice of Acceptance

WARNING

Florida Statues provides for fines in the amount of \$500.00 to \$5000.00 for any consumer (owner-builders, contractors, etc.) who "aids and abets the unlicensed practice of a professional by employing such unlicensed person."

A Product Control "Notice of Acceptance" and method of installation must be provided at time of permit application and posted at jobsite for inspection on all roofing systems.

Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. I understand that perjury is a felony of the third degree.

Qualifier's Signature



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HIGH-VELOCITY HURRICANE ZONES REQUIRED OWNERS NOTIFICATION FOR ROOFING CONSIDERATIONS

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 2020 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. **Re-nailing wood decks:** When replacing roofing, the existing wood roof deck may have to be re-nailed in accordance with the current provisions of Chapter 16 (High-Velocity Hurricane Zones) of the. (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 owner 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 flows 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 2020 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. It may be beneficial to consider additional venting which can result in extending the service life of the roof.

Owner's/Agent's Signature	Date	Contractor's Signature	Date
----------------------------------	-------------	-------------------------------	-------------

Property Address	Process/Permit Number
-------------------------	------------------------------

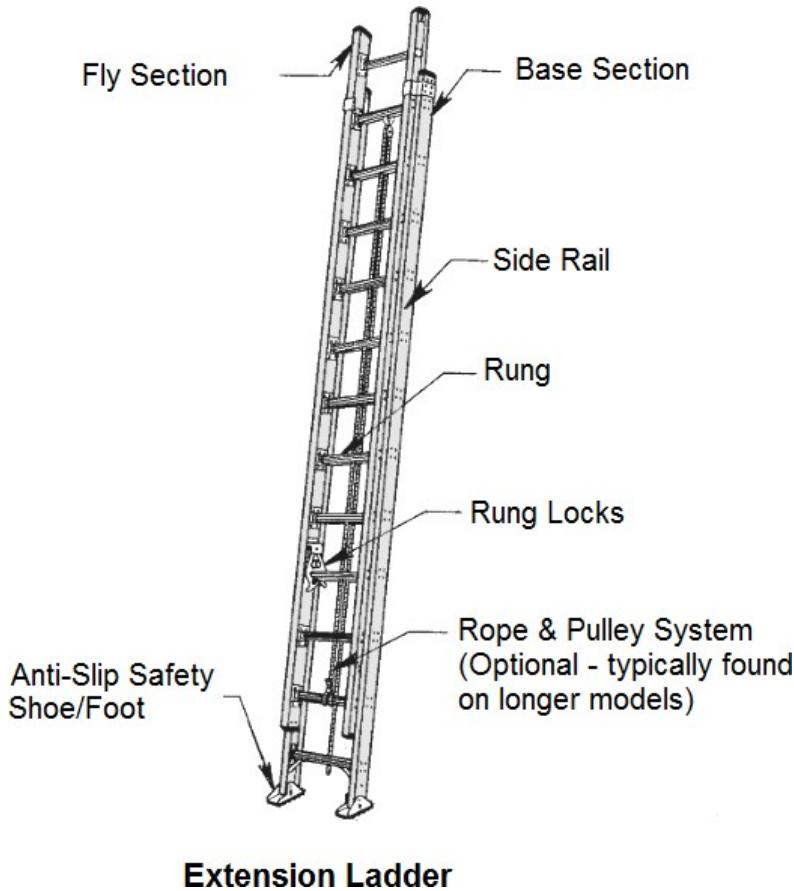


City of Miami Gardens - Building Services Division

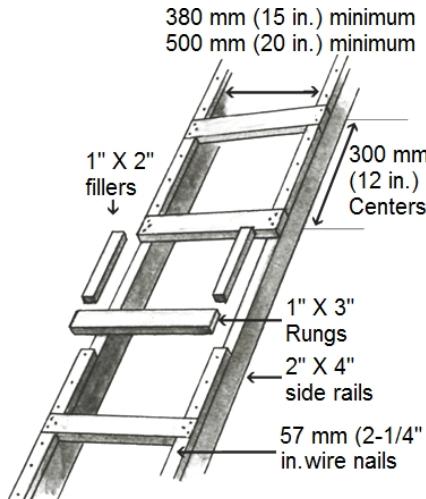
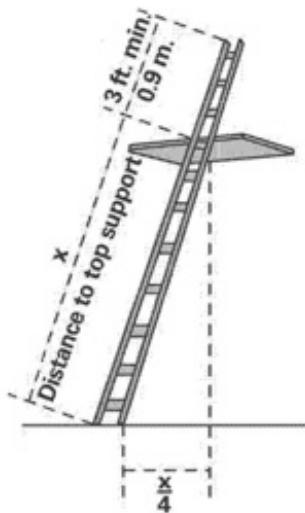
18605 NW 27th Avenue
Miami Gardens, Florida 33054

APPROVED LADDERS AT JOB SITE

Notice to all Contractors and/or Home Owners: As a precautionary measure, the City of Hialeah Building Department shall enforce the use of proper OSHA approved ladders at all job sites for all inspections with NO EXCEPTIONS. A fine of \$120.00 will be issued to any Contractor and/or Home Owner for any non-compliant ladder at time of inspection. Please follow OSHA Safety and Health Regulations for Construction Standards 1926.1053.



- Use a ladder that can sustain at least four times the maximum intended load. Follow the manufacturer's instructions and labels on the ladder. To determine the correct ladder, consider your weight plus the weight of your load. Do not exceed the load rating and always include the weight of all tools, materials and equipment.
- Ladders should be visually inspected before use for any defects such as: missing rungs, bolts, cleats, screws and loose components. Where a ladder has these or other defects, it must be immediately marked as defective or tagged with "Do Not Use" or similar language.
- Allow sufficient room to step off the ladder safely. Keep the area around the bottom and the top of the ladder clear of equipment, materials and tools.
- Set the ladder at the proper angle. When a ladder is leaned against a wall, the bottom of the ladder should be one-quarter of the ladder's working length away from the wall. For access to an elevated work surface, extend the top of the ladder three feet above that surface.
- Set the base of the ladder so that the bottom sits securely and so both side rails are evenly supported. The ladder rails should be square to the structure against which it is leaning with both footpads placed securely on a stable and level surface.
- When using a ladder in a high-activity area, secure it to prevent movement and use a barrier to redirect workers and equipment. If a ladder is placed in front of a door, always block off door.



PROVIDE the Right Extension Ladder for the Job with the Proper Load Capacity.

Select a ladder based on the expected load capacity (duty rating), the type of work to be done and the correct height. There are four categories of ladder duty ratings.

Type	Duty Rating	Use	Load
IAA	Speciaty Duty	Rugged	375 lbs.
IA	Extra Duty	Industrial	300 lbs.
I	Heavy Duty	Industrial	250lbs.
II	Speciaty Duty	Commercial	225 lbs.

Figure A: Proper Extension Ladder placement.

Figure B: Approved wood frame ladder.

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High Velocity Hurricane Zone Uniform Roofing Application Form for Miami Gardens

INSTRUCTION PAGE

**COMPLETE THE NECESSARY SECTIONS OF THE UNIFORM ROOFING PERMIT APPLICATION FORM AND
ATTACH THE REQUIRED DOCUMENTS 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
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 Product Approval
5.	Municipal Permit Application
6.	Owner's Notification for Roofing Considerations (Reroofing Only)
7.	Any Required Roof Testing / Calculation Documentation

Florida Building Code 8th Edition (2023)
High Velocity Hurricane Zone Uniform Roofing Application Form for Miami Gardens

Section A (General Information)

Master Permit Number: _____ Process Number: _____

Contractor's Name: _____

Job Address: _____

ROOF CATEGORY

- | | | |
|---|---|---|
| <input type="checkbox"/> Low Slope | <input type="checkbox"/> Mechanically Fastened Tile | <input type="checkbox"/> Mortar / Adhesive Set Tile |
| <input type="checkbox"/> Asphaltic Shingles | <input type="checkbox"/> Metal Panel/ Shingles | <input type="checkbox"/> Wood Shingles / Shakes |

ROOF TYPE

- | | | | | |
|-----------------------------------|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Roof | <input type="checkbox"/> Repair | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Reroofing | <input type="checkbox"/> Recovering |
|-----------------------------------|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|

ROOF SYSTEM INFORMATION

Low Slope Roof Area (ft ²)	Steep Sloped Roof Area (ft ²)	Total (ft ²)
_____	_____	_____

Are there gas vents on the roof? Yes No If Yes what type? Natural LPX

Is there an existing roof top Solar System? Yes No If yes will it be reinstalled? Yes No

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.



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High Velocity Hurricane Zone Uniform Roofing Application Form for Miami Gardens

Section C (Low Sloped Roof Systems)

Fill in Specific Roof Assembly Components and Identify manufacturer
(If a component is not used, identify as "NA")

System Manufacturer: _____

Product Approval # _____

Design Wind Pressures, from RAS 128 or Calculations:

Zone 1': _____ Zone 1: _____ Zone 2: _____

Zone 3: _____

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) and No. of Ply(s): _____

Ply Sheet Fastener/ Bonding Material:

Top Ply: _____

Top Ply Fastener/ Bonding Material:

Surfacing:

Fastener Spacing for Anchor/Base Sheet Attachment:

Zone 1' _____ " oc @ Laps, # Rows _____ @ _____ " oc

Zone 1 _____ " oc @ Laps, # Rows _____ @ _____ " oc

Zone 2 _____ " oc @ Laps # Rows _____ @ _____ " oc

Zone 3 _____ " oc @ Laps, # Rows _____ @ _____ " oc

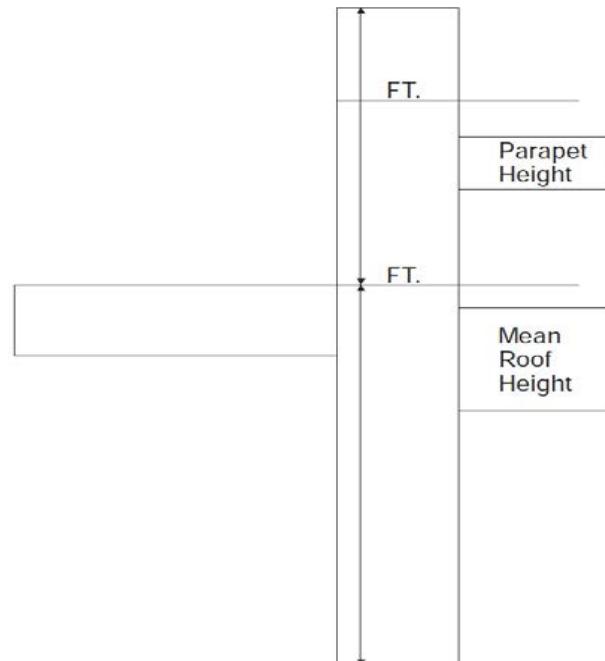
Number of Fasteners Per Insulation Board

Zone 1': _____ Zone 1: _____ Zone 2: _____ Zone 3: _____

Illustrated Components Noted and Details as Applicable:

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

Indicate: Mean Roof Height, Parapet Height, Height Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit Manufacturers Details that Comply with RAS 111 and Chapter 16.



Florida Building Code 8th Edition (2023)
High Velocity Hurricane Zone Uniform Roofing Application Form for Miami Gardens

Section D (Steep Sloped Roof System)

Roof System Manufacturer: _____

Product Control Number: _____

Minimum Design Wind Pressures, From Applicable RAS 127 Table or Calculations:

Zone1: _____ Zone 2e: _____ Zone2n: _____ Zone 2r: _____ Zone 3e: _____ Zone 3r: _____

Slope Range: $\geq 2:12$ to $\leq 4:12$ $> 4:12$ to $\leq 6:12$ $> 6:12$ to $\leq 12:12$

Roof Shape: All Hip Roof Gable Roof or Partial Gable/Hip Roof

Deck Type: _____

Underlayment Type: _____

Roof Slope:

_____ : 12

Insulation: _____

Fire Barrier: _____

Ridge Ventilation?

Fastener Type & Spacing: _____

Cap Sheet Type: _____

Mean Roof Height: _____

Cap Sheet Attachment: _____

Roof Covering: _____

Drip Edge Type & Size: _____

Florida Building Code 8th Edition (2023)
High Velocity Hurricane Zone Uniform Roofing Application Form for Miami Gardens
Section E (Tile Calculations)

For Moment based tile systems, choose Method 1. 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"
Enter positive uplift pressures when using this table

(Zone 1: _____ $\times \lambda$ _____ = _____) – M_g : _____ = M_r _____ Product Approval M_f : _____
 (Zone 2e: _____ $\times \lambda$ _____ = _____) – M_g : _____ = M_{r2e} _____ Product Approval M_f : _____
 (Zone 2n: _____ $\times \lambda$ _____ = _____) – M_g : _____ = M_{r2n} _____ Product Approval M_f : _____
 (Zone 2r: _____ $\times \lambda$ _____ = _____) – M_g : _____ = M_{r2r} _____ Product Approval M_f : _____
 (Zone 3e: _____ $\times \lambda$ _____ = _____) – M_g : _____ = M_{r3e} _____ Product Approval M_f : _____
 (Zone 3r: _____ $\times \lambda$ _____ = _____) – M_g : _____ = M_{r3r} _____ Product Approval M_f : _____

Tile attachment method:

Alternate Tile attachment method :

For Uplift Based tile systems use Method 3. Compare 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* "Uplift Based Tile Calculations per RAS 127"

(Zone 1: _____ $\times L$ = _____ $\times W$ = _____) – (w) $\times \cos \theta$ _____) = F_{r1} _____ Product Approval F' : _____
 (Zone 2e: _____ $\times L$ = _____ $\times W$ = _____) – (w) $\times \cos \theta$ _____) = F_{r2e} _____ Product Approval F' : _____
 (Zone 2n: _____ $\times L$ = _____ $\times W$ = _____) – (w) $\times \cos \theta$ _____) = F_{r2n} _____ Product Approval F' : _____
 (Zone 2r: _____ $\times L$ = _____ $\times W$ = _____) – (w) $\times \cos \theta$ _____) = F_{r2r} _____ Product Approval F' : _____
 (Zone 3e: _____ $\times L$ = _____ $\times W$ = _____) – (w) $\times \cos \theta$ _____) = F_{r3e} _____ Product Approval F' : _____
 (Zone 3r: _____ $\times L$ = _____ $\times W$ = _____) – (w) $\times \cos \theta$ _____) = F_{r3r} _____ Product Approval F' : _____

***Method 2 "Simplified Tile Calculations" only applicable in Broward County.**

Where to obtain information		
Description	Symbol	Where to Find
Design Pressure	Zones 1, 2e, 2n, 2r,3e, 3r	From the applicable Table in RAS- 127 or be an engineering analysis prepared by a PE based upon ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	θ	Job Site
Aerodynamic Multiplier	λ	Product Approval / Notice of Acceptance
Restoring Moment due to Gravity	M_g	Product Approval / Notice of Acceptance
Attachment Resistance	M_f	Product Approval / Notice of Acceptance
Required Moment Resistance	M_r	Calculated
Minimum Attachment Resistance	F'	Product Approval / Notice of Acceptance
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	w	Product Approval / Notice of Acceptance
Tile Dimensions	L=Length W= Width	Product Approval / Notice of Acceptance
All calculations must be submitted to the Building Official at the time of permit application.		



City of Miami Gardens

Building Division

18605 NW 27th Avenue
Miami Gardens, Florida 33056
Telephone: 305-622-8000
www.miamigardens-fl.gov

Permit No.: _____

Notice to Owner – Workers’ Compensation Insurance Exemption

Florida Law requires Workers’ Compensation insurance coverage under Chapter 440 of the Florida Statutes. Fla. Stat. § allows corporate officers in the construction industry to exempt themselves from this requirement for any construction project prior to obtaining a building permit. Pursuant to the Florida Division of Workers’ Compensation Employer Facts Brochure:

An employer in the construction industry who employs one or more part-time or full-time employees, including the owner, must obtain workers’ compensation coverage. Corporate officers or members of a limited liability company (LLC) in the construction industry may elect to be exempt if:

1. The officer owns at least 10 percent of the stock of the corporation, or in the case of an LLC, a statement attesting to the minimum 10 percent ownership;
2. The officer is listed as an officer of the corporation in the records of the Florida Department of State, Division of Corporations; and
3. The corporation is registered and listed as active with the Florida Department of State, Division of Corporations.

No more than three corporate officers per corporation or limited liability company members are allowed to be exempt. Construction exemptions are valid for a period of two years or until a voluntary revocation is filed or the exemption is revoked by the Division.

Your contractor is requesting a permit under this workers’ compensation exemption. In these circumstances, the City of Miami Gardens does not require verification of workers’ compensation insurance coverage from the contractor’s company. **Therefore, you (the owner) may be personally liable for the worker compensation injuries of any person allowed to work under this permit.** Please check with your insurance carrier since most property insurance policies DO NOT cover this type of liability.

BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ THIS NOTICE AND UNDERSTAND ITS CONTENTS.

Owner

Print Name: _____

Signature: _____

State of _____, County of _____

Sworn to and subscribed before me this _____
day of _____, 20 _____.
By _____

(SEAL)

Type of Identification produced: _____

Contractor

Print Name: _____

Signature: _____

State of _____, County of _____

Sworn to and subscribed before me this _____
day of _____, 20 _____.
By _____

(SEAL)

Type of Identification produced: _____