MARTIN COUNTY BUILDING DEPARTMENT
900 SE RUHNKE STREET
STUART, FL 34994
(772) 288-5916
permitting@martin.fl.us
Text: 202-937-0892

MARTIN COUNTY RE-ROOF CERTIFICATION

PERMIT NO.: _____

CONTRACTOR'S NAME:_____PHONE NO.:_____FAX NO.: _____

OWNER'S NAME: _____

CONSTRUCTION ADDRESS:_____CITY: _____

REROOF: □ Residential (Single Family) □ Modular/Manufactured Home
□ Commercial/Multi-family) **Remove/re-install roof top HVAC Equipment □ Yes □ No
** Disconnect/Reconnect HVAC Electric □ Yes □ No
** Requires a Contractor Verification Form (HVAC and/or Electrical) with permit application.

ROOF TYPE: □ Hip □ Boston-Hip □ Gable □ Flat □ Other: _____

ROOF PITCH: SPECIFY SLOPE (*CIRCLE ONE*) 1/12 2/12 3/12 4/12 5/12 6/12 *GREATER than* 6/12
ROOF HEIGHT: □ 1- STORY HEIGHT
ROOF HEIGHT: □ 2 - STORY'S OR OVER 15' MEAN ROOF HEIGHT
ROOF DECK: □ SHEATH-OVER - (applying plywood panels over existing spaced sheathing) - requires a Florida registered engineer's written specification and plans with details describing attachment requirements (nail or screw length and fastening pattern into framing members.) Specifications shall be submitted at time of roofing permit application.

□ RE-SHEATH - (removal of spaced sheathing for application of plywood panels) - requires use of minimum plywood as per Florida Building Code 2023.

□ SPACED SHEATH FILL-IN - (spaces between existing spaced sheathing board may be filled in with boards of the same size and thickness to provide a closely fitted solid deck. Nail new boards as per Florida Building Code 2023.

□ EXISTING DECK TO RE MAIN

*****When concrete/clay tiles replace any other type of roof covering, the existing trusses shall be inspected by a Florida registered architect or engineer to verify adequacy of the trusses to support increased dead loads. An engineering inspection report shall be submitted with the permit application.

EXISTING ROOF COVERING:_____EXISTING COVERING TO BE REMOVED? □ YES □ NO

PROPOSED ROOF COVERING: _____

ASPHALT SHINGLES: Must be classified by one of the following to resist the basic wind speed (FBC R 905.2.6.1 & 1507.2.7.1)

□ ASTM D 3161 – CLASS F □ ASTM D 7158 – CLASS H □ TAS107

MANUFACTURER_____PRODUCT NAME_____PRODUCT APPR #_____
(Approved roof covering material from Martin County's approved roof covering list). Manufacturer's Installation Specs must be on the job site at time of inspection.

PROPOSED FLASHING: □ Galv. /Steel □ Aluminum □ Copper □ Lead Copper □ Other _____

RIDGE VENT TO BE INSTALLED: □Yes □ No NEW SKYLIGHTS**:** □Yes □ No

DESCRIPTION OF WORK**:**
_____
_____
_____

I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

_____ DATE: _____
SIGNATURE OF CONTRACTOR

ADA Accessibility Disclosure Statement – This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 320-3131, the County Administration Office (772) 288-5400, Florida Relay 711, or by completing our accessibilityfeedbackformatwww.martin.fl.us/accessibility-feedback.