



6601 Main St • Miami Lakes, Florida, 33014  
 Office: (305) 827-4015 • Fax: (305) 558-9884  
 Website: www.miamilakes-fl.gov

# BUILDING PERMIT APPLICATION

Job Address: 14628 Balgown Road

Unit #:

Folio #: 32-2022-010-0880 Owner-Builder:

Master Permit #: \_\_\_\_\_ Sub Permit #: \_\_\_\_\_ Revision #: \_\_\_\_\_

OWNER INFORMATION	NAME: <u>Elba M Ramirez</u>	LEGAL USE/WORK	Current Use of Property: <u>SFH</u>
	Address: <u>14628 Balgown Rd.</u>		Job Description: <u>Roof Replacement</u>
	City, State, Zip: <u>Miami Lakes, FL 33016</u>		
	Phone #: <u>(954) 804-1175</u> Cell #: <u>N/A</u>		JOB COST \$ <u>15,000.00</u> AREA/LENGTH: <u>1,771</u> SF/LF
	Email Address: <u>Brett@Next roofing team. com</u>		Residential <input checked="" type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/>
CONTRACTOR INFORMATION	Company Name: <u>Next Roofing</u>	ARCHITECT/ENGINEER	Code in Effect: _____
	Qualifier Name: <u>Brett Lowy</u>		Occupancy: _____
	License # <u>CCC 1331837</u>		Construction Type: <u>Roof</u>
	Address: <u>16780 SW 62 St.</u>		Flood Zone/B.F.E.: _____ F.F.E.: _____
	City, State, Zip: <u>SW Ranches, FL 33331</u>		Firm Name: _____
Phone #: <u>(954) 804-1175</u> Cell #: <u>(954) 804-1175</u>	A/E of record: _____		
Email Address: <u>Brette@next roofing team. com</u>	License # <u>N/A</u>		
Permit Type -- Check only One		Change to Permit -- Check only One	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing/Gas <input type="checkbox"/> Paving/Drainage <input type="checkbox"/> Sign <input checked="" type="checkbox"/> Roofing <input type="checkbox"/> PW		<input type="checkbox"/> Extension <input type="checkbox"/> Renewal <input type="checkbox"/> Revision <input type="checkbox"/> Change Contractor <input type="checkbox"/> Shop Drawing <input type="checkbox"/> Cancellation	

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards, of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, RE-ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling of inspections and obtaining final inspections in accordance with the plans and specification WARNING TO OWNER: 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 ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. OWNER/CONTRACTOR AFFIDAVIT: 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.

X [Signature]  
 Signature of Owner or Owner's Agent

04-29-20  
 Date

X [Signature]  
 Signature of Qualifier

4/30/20  
 Date

Print Name of Owner or Owner's Agent Elba M Ramirez

STATE OF Florida COUNTY OF Broward

Sworn to and subscribed before me this April 30 2020

by Elba M Ramirez

Personally known  or I.D.

Print Name of Qualifier Brett Lowy

STATE OF Florida COUNTY OF Broward

Sworn to and subscribed before me this April 30 2020

by Brett Lowy

Personally known  or I.D.

**NOTICE:** In addition to the requirements of this permit, there may be additional deed restrictions enforced by the homeowner's associations that may be applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

**NOTE:** This application will be void if there are no reviews after six(6) months.



Miami Lakes - Lake Carol HOA  
c/o The Capin Group  
7787 NW 146<sup>th</sup> Street  
Miami Lakes, FL 33016  
PH 786.433.3700 / FAX 786.433.3702  
[info@thecapingroup.com](mailto:info@thecapingroup.com)

May 7, 2020

Elba M Ramirez  
14628 Balgowan Road  
Miami Lakes, FL 33016

**Re: Architectural Request**

Dear Homeowner:

Your Architectural Modification Request has been approved by the Architectural Committee of the Board of Directors for the items listed below as stated by the request you submitted:

1. Roof replacement (Boral Spanish 'S' Galena Terra Cotta) as stated on the application.

Although approval from the Association has been granted, it is the sole responsibility of the homeowner to acquire any/all additional approvals/permits mandated by Miami-Dade County and the Town of Miami Lakes. The Capin Group and the Board of Directors are not and will not be held responsible for any other required approvals/permits in addition to the HOA approval.

**A copy of the additional approvals/permits needs to be submitted to our office as soon as it is obtained.**

If there are any changes it must be notified to the Association in writing.

Should you have any additional questions regarding this matter, please contact Fannie Baez at The Capin Group.

For the Board,



Barbara Fandiño-Capin, CAM  
Property Manager for  
Miami Lakes - Lake Carol HOA

## REQUIRED OWNERS NOTIFICATION FOR ROOFING CONSIDERATIONS

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 form. The owner's initials in the designated space indicates that the item has been explained.

EW **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.

EW **2. Renailing wood decks:** When replacing roofing, the existing wood roof deck may have to be renailed in accordance with the current provisions of Chapter 16 (High Velocity Hurricane Zones) of the Florida Building Code. (The roof deck is usually concealed prior to removing the existing roof system).

EW **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.

EW **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.

EW **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.

EW **6. Overflow scuppers (wall outlets):** It is required that rainwater flow 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 Florida Building Code, Plumbing.

EW **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.

Owner's/Agent's Signature:

EW Ramirez

Contractor's Signature:

[Signature]

Property Address:

14628 Balgum Rd.

Date:

4 / 30 / 20

Permit Number:

[ ]

**OWNER'S AFFIDAVIT OF EXEMPTION  
ROOF TO WALL CONNECTION HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY  
RESIDENTIAL STRUCTURES  
PURSUANT TO §553.844 F.S.**

Date: 4/30/20

To: Town of Miami Lakes Building Department  
6601 Main Street  
Miami Lakes, Florida 33014

Re: Owner's Name: Elba M. Ramirez  
Property Address: 14628 Balgown Rd.  
Roofing Permit Number: \_\_\_\_\_

Dear Building Official:

I, Elba M. Ramirez \_\_\_\_\_, certify that I am not required to retrofit the roof to wall connections of  
**Property Owner**

my building because:

Property Owner Must Initial Each Applicable Line	
<input checked="" type="checkbox"/>	The just valuation for the structure for purposes of ad valorem taxation is less than \$300,000.00.
<input type="checkbox"/>	The building was constructed in compliance with the provisions of the Florida Building Code (FBC).
<input type="checkbox"/>	The Building has an insured value of less than \$300,000 or if the building is uninsured for which documentation of insured value is not presented

*Elba M. Ramirez*  
Signature of Property Owner

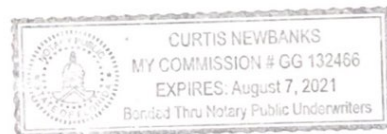
Elba M. Ramirez  
Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this 30

day of April, 2020,

(SEAL)



Personally known  
 or Produced Identification

When the just valuation of the structure for purposes of ad valorem taxation is equal to or more than \$300,000.00, and the building was not constructed in compliance with the FBC, and affidavit of Roof to Wall Connection Hurricane Mitigation Retrofit must be provided.

**Section A (General Information)**

Master Permit No. \_\_\_\_\_ Process No. \_\_\_\_\_

Contractor's Name Next Roofing Inc.

Job Address 14628 Balgum Rd.

**ROOF CATEGORY**

- Low Slope
- Asphaltic Shingles
- Mechanically Fastened Tile
- Metal Panel/Shingles
- Mortar/Adhesive Set Tile
- Wood Shingles/Shakes
- Prescriptive BUR-RAS 150

Are there Gas Vent Stacks?  
Yes  No   
Type: Natural  LPGX

**ROOF TYPE**

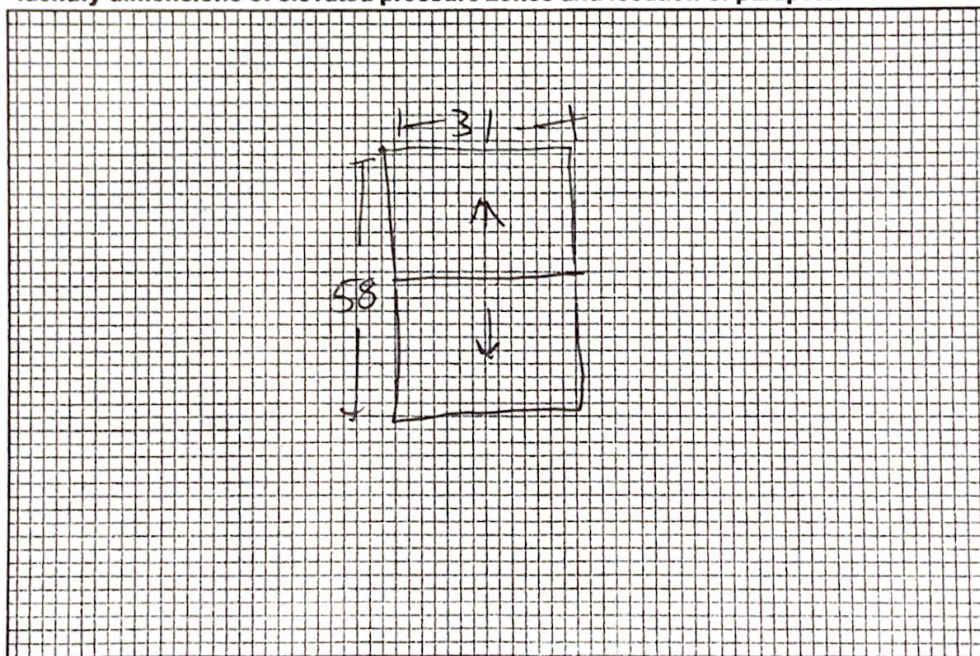
- New Roof
- Re-Roofing
- Recovering
- Repair
- Maintenance

**ROOF SYSTEM INFORMATION**

Low Slope Roof Area (SF)    Steep Sloped Roof Area (SF)    Total (SF)  
\_\_\_\_\_    1,799    1,799

**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.



**Section D (Steep Sloped Roof System)**

Roof System Manufacturer: <u>Boral Roofing LLC</u>
Notice of Acceptance Number: <u>19-0925-03</u>
Minimum Design Wind Pressures, If Applicable (From RAS 127 or Calculations): P1: <u>-39.1</u> P2: <u>-68.1</u> P3: <u>-100.7</u>
Maximum Design Pressure (From the NOA Specific System): <u>38.7</u>
Method of tile attachment: <u>Polyurethane Foam Adhesive</u>

**Step Sloped Roof System Description**

Deck Type: <u>5/8" plywood</u>
Type Underlayment: <u>#30 Felt ASTM D 226 Type II Tanco Nailed to Deck Per FBC headlap is 4" (ch. 1518.4)</u>
Insulation: <u>N/A</u>
Fire Barrier: <u>N/A</u>
Fastener Type & Spacing: <u>1-5/8" J.C. 32 GA RS Nails @ 12" O.C. Field 6" O.C. Laps / 6" O.C. Corner Side Laps</u>
Adhesive Type: <u>N/A</u>
Type Cap Sheet: <u>Boral FireSeal NOA 19-0109.08 Backrailed @ 12" O.C. Max</u>
Roof Covering: <u>Galena Spanish 15"</u>
Type & Size Drip Edge: <u>3x3 Galv Drip Edge 26 GA. Attached w/ 1-1/4" RS Nails @ 4" O.C.</u>
Roof Slope: <u>4 : 12</u>
Ridge Ventilation? <u>N/A</u>
Mean Roof Height: <u>10'</u>

### Section E (Tile Calculations)

For Moment based tile systems, choose either Method 1 or 2. Compared the values for  $M_r$  with the values from  $M_r$ . If the  $M_r$  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"

$$\begin{aligned} (P_1: -39.1 \times \lambda 0.235 = 9.18) - Mg: 6.03 = M_{r1} 3.15 & \quad \text{NOA } M_r \underline{38.7} \\ (P_2: -48.1 \times \lambda 0.235 = 16.00) - Mg: 6.03 = M_{r2} 9.97 & \quad \text{NOA } M_r \underline{38.7} \\ (P_3: -100.7 \times \lambda 0.235 = 23.66) - Mg: 6.03 = M_{r3} 17.63 & \quad \text{NOA } M_r \underline{38.7} \end{aligned}$$

#### Method 2 "Simplified Tile Calculation Per Table Below"

Required Moment of Resistance ( $M_r$ ) From Table Below \_\_\_\_\_ NOA  $M_r$  \_\_\_\_\_

M <sub>r</sub> Required Moment Resistance*						
Mean Roof Height Roof Slope	15'	20'	25'	30'	40'	
2:12	34.4	36.5	38.2	39.7	42.2	
3:12	32.2	34.4	36.0	37.4	39.8	
4:12	30.4	32.2	33.8	35.1	37.3	
5:12	28.4	30.1	31.6	32.8	34.9	
6:12	26.4	28.0	29.4	30.5	32.4	
7:12	24.4	25.9	27.1	28.2	30.0	

\*Must be used in conjunction with a list of moment based tile systems endorsed by the Broward County Board of Rules and Appeals.

For Uplift based tile systems use Method 3. Compared 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"

$$\begin{aligned} (P_1: \quad \times l: \quad = \quad \times w: \quad) - W: \quad \times \cos \theta: \quad = F_{r1}: \quad & \quad \text{NOA } F' \quad \\ (P_2: \quad \times l: \quad = \quad \times w: \quad) - W: \quad \times \cos \theta: \quad = F_{r2}: \quad & \quad \text{NOA } F' \quad \\ (P_3: \quad \times l: \quad = \quad \times w: \quad) - W: \quad \times \cos \theta: \quad = F_{r3}: \quad & \quad \text{NOA } F' \quad \end{aligned}$$

Where to Obtain Information		
Description	Symbol	Where to find
Design Pressure	P1 or P2 or P3	RAS 127 Table 1 or by an engineering analysis prepared by PE based on ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	$\theta$	Job Site
Aerodynamic Multiplier	$\lambda$	NOA
Restoring Moment due to Gravity	$M_r$	NOA
Attachment Resistance	$M_r$	NOA
Required Moment Resistance	$M_r$	Calculated
Minimum Attachment Resistance	$F'$	NOA
Required Uplift Resistance	$F_r$	Calculated
Average Tile Weight	W	NOA
Tile Dimensions	l= length w= width	NOA

All calculations must be submitted to the Building Official at the time of permit application.