

FORTIFIED Home™-Hurricane | ROOFING COMPLIANCE FORM

To be completed by building and/or roofing contractor. Please complete all sections below. If a section does not apply, enter N/A for not applicable.

GENERAL PROPERTY INFORMATION

FORTIFIED ID:

Obtain from homeowner or FORTIFIED

Homeowner's name: _____
 Property address: _____
 State: _____
 Roof installed on: _____

City: _____
 ZIP: _____ County: _____

GENERAL ENGINEERING INFORMATION

1. Design wind speed for the location (mph)

Design wind speed from:

- ASCE 7-05 (current wind speed maps for 2006 and 2009 IRC) **-OR-**
- ASCE 7-10 (newly adopted wind speed maps; dependent on Authority Having Jurisdiction)

2. Wind Exposure Category

Get this from engineered plans and check one:

- B
- C
- D

3. Roof Slope _____

ROOF COVERING COMPLIANCE

4. Warranty Information

I, the licensed roofer/contractor whose name and signature appears below, do hereby certify that the roof for the address above was newly installed on the date noted, and confirm that the installation was completed as indicated in the responses below.

- A warranty of ____ years for materials was provided to the homeowner at the time of completion.
- A warranty of ____ years for workmanship was provided to the homeowner at the time of completion.

5. Permit Information (if required by local building authority)

Permit Number: _____

Dated: _____

Issued by the _____ building department.

The final inspection from the building department was conducted on _____

OR ____ Initial here if no permit was issued or required for this property for the work above.

COMPLETE THIS SECTION ONLY IF HOME HAS SHINGLE ROOF

6. Shingle Roof Covering

Check One	ASCE 7-05 Wind Speed (V _{asd})	ASCE 7-10 Wind Speed (V _{ult})	Shingle Testing Standard / Classification
<input type="checkbox"/>	100 mph	129 mph	ASTM D3161 (Class F) or ASTM D 7158 (Class G or H) ¹
<input type="checkbox"/>	110 mph	142 mph	ASTM D3161 (Class F) or ASTM D 7158 (Class G or H) ¹
<input type="checkbox"/>	120 mph	155 mph	ASTM D 7158 (Class G or H) ¹
<input type="checkbox"/>	130 mph	168 mph	ASTM D 7158 (Class H) ¹
<input type="checkbox"/>	140 mph	180 mph	
<input type="checkbox"/>	150 mph	194 mph	

¹Note: When used in Exposure D locations, shingles must pass both

ASTM D3161 Class F and ASTM D7158 Class H testing standards.

6a. Shingle manufacturer/ product name _____

6b. Number of nails used to install shingles for high-wind rating (per shingle tab) _____

NOTE: 6 nails per shingle tab are usually required by shingle manufacturers for high-wind installation.

6c. Shingles are installed at eaves using (check one):

- Peel-and-stick starter strip
- Starter strip set in 8-in.-wide x 1/8-in.-thick bed of mastic

6d. Shingles are installed at rakes/gable edges using (check one):

- Peel-and-stick starter strip
- Starter strip set in 8-in.-wide x 1/8-in.-thick bed of mastic
- 8-in.-wide x 1/8-in.-thick bed of mastic

**COMPLETE THIS SECTION ONLY IF HOME HAS
TILE ROOF**

7. Tile Roof Covering Installation

7a. Listed below are the FORTIFIED requirements for roof tile installation. A check in the box beside each requirement indicates that the tile installation complies with that requirement.

- Tile is installed in accordance with FRSA/TRI *Florida High Wind Concrete and Clay Tile Installation Manual* for the design wind speed, exposure category, and mean roof height of the home's location
- Underlayment installed in accordance with FRSA/TRI *Florida High Wind Concrete and Clay Tile Installation Manual*
 - Single-ply self-adhered **-OR-**
 - Two-ply with base sheet and cap sheet attachment
- Metal flashing installed in accordance with FRSA/TRI *Florida High Wind Concrete and Clay Tile Installation Manual*
- Hip and ridge tile structural support and attachment is installed in accordance with FRSA/TRI *Florida High Wind Concrete and Clay Tile Installation Manual*. (Note: Mortar-set attachment is not acceptable.)
- Tile attachment is installed in accordance with FRSA/TRI *Florida High Wind Concrete and Clay Tile Installation Manual*.

(NOTE: Mortar-set attachment is not acceptable.)

7b. Provide the specific tile product name:

7c. Tile is installed in accordance with FRSA/TRI *Florida High Wind Concrete and Clay Tile Manual* using (check one):

- Mechanical roof tile attachment:
 - Fastener type _____
 - Fastener size _____
 - Fastener quantity (per tile) _____
- Adhesive foam attachment:
 - Adhesive foam (product name) _____
 - Size of paddy (per tile) _____

**COMPLETE THIS SECTION ONLY IF HOME HAS
METAL PANEL ROOF**

8. Metal Panel Roof Covering

Check here to indicate the roof covering was installed in accordance with the roof covering manufacturer's installation instructions for the site design wind speed and exposure category.

8a. Specify the manufacturer and product, panel gauge, fastener type, size, and spacing that were installed.

Manufacturer Model/product number _____

Panel gauge _____

Fastener type and size _____

Fastener spacing _____

Uniform spacing throughout the roof: _____ o.c.

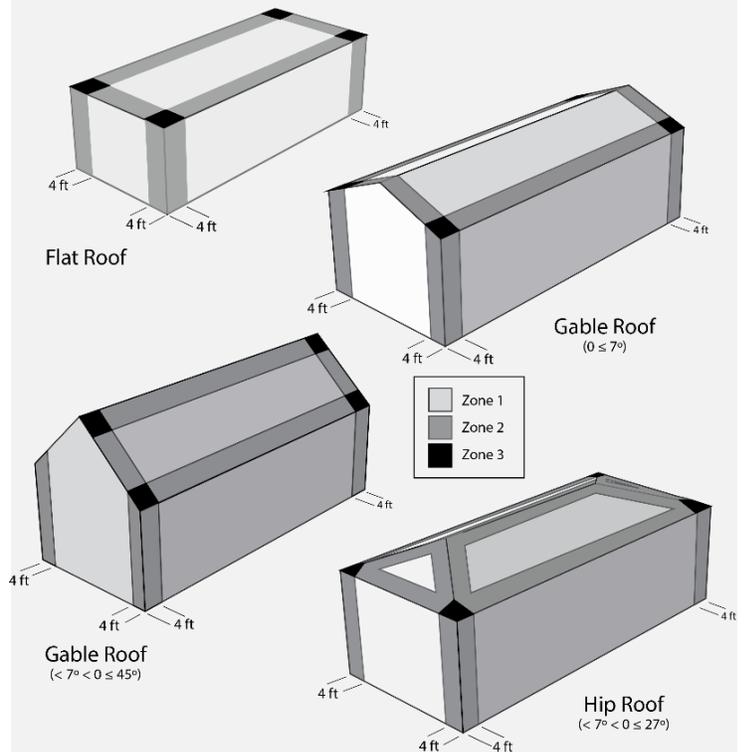
OR

Spacing varies depending on roof wind zone:

Zone 1 spacing: _____ o.c.

Zone 2 spacing: _____ o.c.

Zone 3 spacing: _____ o.c.



COMPLETE THIS SECTION ONLY IF HOME DOES NOT HAVE A SHINGLE, TILE, OR METAL PANEL ROOF

9. "Other" Type of Roof Covering (not shingle, tile or metal)

9a. Specify roof type and manufacturer

9b. Describe how the roof covering and attachment system meet the design pressures resulting from the appropriate wind speed and exposure category for the location.

SEALED ROOF DECK

COMPLETE THIS SECTION ONLY IF A QUALIFIED FORTIFIED HOME SEALED ROOF DECK SYSTEM WAS INSTALLED

10. Choose one of the options (a, b, c, d, or e) below to indicate how the roof deck was sealed

10a. **SELF-ADHERING POLYMER-MODIFIED BITUMEN FLASHING TAPE** at least 4-in. wide meeting ASTM D1970 applied directly to the roof deck (or primer if required by manufacturer) to all horizontal and vertical joints in the roof deck; then a #30 ASTM D226 Type II felt or #30 ASTM 4869 Type IV felt underlayment or a reinforced synthetic underlayment which has an ICC approval as an alternate to ASTM D226 Type II felt paper and in compliance with ASTM D4869 Section 8.6 liquid water transmission test, installed over the entire roof deck and secured with button cap nails at maximum 6 in. o.c. at laps and 2 rows spaced evenly in the field at 12 in. o.c. **NOTES:** (1) Photographs of product labels and installation required. (2) If ASTM 4869 felt underlayment label does not specifically state that it is Type IV, the product must weigh 26 lb/100ft² to meet this requirement.

10b. **SELF-ADHERING AAMA 711-13, LEVEL 3 (FOR EXPOSURE UP TO 80°C [176°F]) COMPLIANT FLEXIBLE FLASHING TAPE**, at least 3¾-in. wide, applied directly to the roof deck (or primer if required by manufacturer) to all horizontal and vertical joints in the roof deck; then a #30 ASTM D226 Type II felt or #30 ASTM 4869 Type IV felt underlayment or a reinforced synthetic underlayment which has an ICC

approval as an alternate to ASTM D226 Type II felt paper and in compliance with ASTM D4869 Section 8.6 liquid water transmission test, installed over the entire roof deck and secured with button cap nails at maximum 6 in. o.c. at laps and 2 rows spaced evenly in the field at 12 in. o.c. **NOTES:** (1) Photographs of product labels and installation required. (2) If ASTM 4869 felt underlayment label does not specifically state that it is Type IV, the product must weigh 26 lb/100ft² to meet this requirement.

10c. **INSTALL TWO (2) LAYERS OF ASTM D 226 TYPE II (#30) OR ASTM D4869 TYPE IV (#30) underlayment** in a shingle fashion, lapped 19 in. on horizontal seams (36-in. roll), and 6 in. on vertical seams. Fasten underlayment at maximum 6 in. o.c. along the laps and at maximum 12 in. o.c. in the field of the sheet between the side laps. Secure underlayment using annular-ring or deformed-shank nails with 1-in.-diameter caps (button cap nails). **NOTES:** (1) Photographs of product labels and installation required. (2) If ASTM 4869 felt underlayment label does not specifically state that it is Type IV, the product must weigh 26 lb/100ft² to meet this requirement.

10d. **A FULL LAYER OF SELF-ADHERING POLYMER-MODIFIED BITUMEN MEMBRANE** ("peel-and-stick") meeting ASTM D1970 is installed over the entire roof deck.

Recommended option: one layer of minimum ASTM D226 Type I felt installed as a bond break between the peel-and-stick and the primary roof covering.

10e. **OTHER** (*describe below*)

Manufacturer (self-adhered membrane, synthetic, or other): _____

Product name: _____

ATTIC VENTILATION SYSTEMS

11. Roof vents, if installed, must be high wind and water intrusion resistant (pass TAS 100A) and installed in accordance with manufacturer’s instructions for high wind.

11a. Check here if the attic is sealed. A sealed attic means there is no attic ventilation at soffits, no gable end vents, and no attic vents of any kind on the roof. If the attic is sealed, move to the next section on “DRIP EDGE.”

11b. Check here if attic is not sealed or there are attic vents of any kind installed on the roof, and complete the rest of this section:

Indicate the type of roof-mounted attic vents that are installed on the roof by checking the appropriate box(es) below:

- Ridge vents
- Off-ridge vents
- Turbines¹

1. NOTE: all qualified turbine vents require removal of the turbine head and installation of an approved storm cap when wind speeds are expected to exceed 70 mph. Provide an approved storm cap with turbine vent.

- Check here if all roof-mounted vents meet requirements of Florida Building Code TAS 100(A)
- Check here if all roof-mounted vents are installed per the vent manufacturer’s high-wind installation requirements. List vent manufacturer and model:

Ridge vents

Off-ridge vents

Turbines

DRIP EDGE

12. Check here if drip edge has been installed

- Check here if drip edge extends ½ in. below sheathing and extends back on the roof a minimum of 2 in.
- Check here if drip edge is mechanically fastened to the roof deck at maximum of 4 in. o.c.

Check here if the overlap of the drip edge is a minimum of 3 in.

OTHER ROOF-RELATED ITEMS

13. Check here if skylights or light tunnels are installed on the roof

Skylights and light tunnels must be installed in accordance with the manufacturer’s high-wind installation instructions. Were the skylights/light tunnels installed in accordance with those installation guidelines?

- Yes
- No

14. Check here if photovoltaic (PV) panels are installed on the roof

PV panels must be installed and anchored to the roof to resist wind loads. Were engineered anchorage details provided and were the PV panels installed and anchored in accordance with those anchorage details?

- Yes
- No

COMPLETE THIS SECTION ONLY IF RE-ROOFING AN EXISTING HOME (ALL OTHER SECTIONS MUST ALSO BE COMPLETED IF RE-ROOFING)

ROOF DECK ATTACHMENT RE-NAILING

EXISTING NAILING OF WOOD STRUCTURAL PANELS OR WOOD BOARD DECKING

Select nail type and enter nail spacing on existing roof deck.

Fastener Type	Length	Diameter	Shank Type
<input type="checkbox"/> 6d nails	<input type="checkbox"/> 2 in.	<input type="checkbox"/> 0.113	<input type="checkbox"/> smooth
<input type="checkbox"/> 8d nails	<input type="checkbox"/> 2¾ in.	<input type="checkbox"/> 0.131	<input type="checkbox"/> ring
<input type="checkbox"/> 10d nails	<input type="checkbox"/> 2½ in.	<input type="checkbox"/> 0.148	<input type="checkbox"/> spiral
<input type="checkbox"/> screws	<input type="checkbox"/> 3 in.	# <input type="checkbox"/> screws	<input type="checkbox"/> deformed
<input type="checkbox"/> other	<input type="checkbox"/> other	<input type="checkbox"/> other	<input type="checkbox"/> other

WOOD STRUCTURAL PANEL ROOF DECK SPACING BEFORE RE-NAILING

Outside of 4 ft corner zone:

o.c. spacing along panel edges _____
 o.c. spacing in the field _____

Within the 4 ft zone:

o.c. spacing along panel edges _____
 o.c. spacing in the field _____

WOOD BOARD ROOF DECK SPACING BEFORE RE-NAILING

Board width _____

Number of nails per board _____

RE-NAILING

Select nail type and enter nail spacing used to re-nail existing roof deck during re-roofing.

Fastener Type	Length	Diameter	Shank Type
<input type="checkbox"/> 8d nails	<input type="checkbox"/> 2 ³ / ₈ in.	<input type="checkbox"/> 0.131	<input type="checkbox"/> ring
<input type="checkbox"/> 10d nails	<input type="checkbox"/> 2 ¹ / ₂ in.	<input type="checkbox"/> 0.148	<input type="checkbox"/> spiral
<input type="checkbox"/> screws	<input type="checkbox"/> 3 in.	# <input type="checkbox"/> screws	<input type="checkbox"/> deformed
<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____

WOOD STRUCTURAL PANEL ROOF DECK SPACING AFTER RE-NAILING

Outside of 4 ft corner zone:

o.c. spacing along panel edges _____

o.c. spacing in the field _____

Within the 4 ft zone:

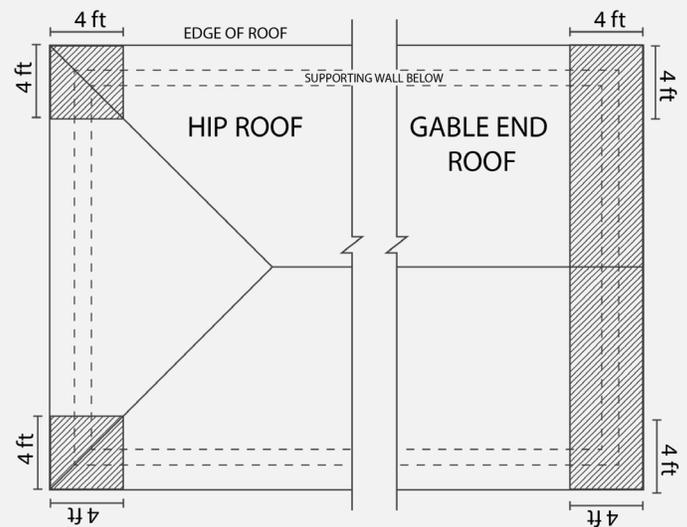
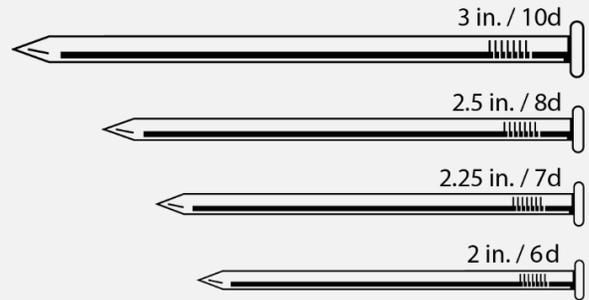
o.c. spacing along panel edges _____

o.c. spacing in the field _____

WOOD BOARD ROOF DECK SPACING AFTER RENAILING

Board width _____

Number of nails per board _____



CONFIRMATION OF COMPLETION

I certify that the above information is true and accurate to the best of my knowledge as of the date shown below and I understand that false or fraudulent information with the intent to deceive will be reported under insurance fraud guidelines.

Signature: _____ Date: _____

Printed Name: _____

Company: _____

Phone Number: _____

Address: _____

City: _____

State: _____ ZIP: _____

License or Registration number: _____