



City of Pembroke Pines

Building Department - 601 City Center Way
Pembroke Pines, Florida 33025
Tel 954-435-6502



HVHZ Commercial Reroofing Statement for Existing Buildings 2025

ATTENTION: Structures built after March 15, 1979, must comply with the Florida Building Code.

Submittal Date: _____

Job Address: _____

Permit Number: _____

When applying for reroofing permits for low-slope roof systems, the following questionnaire must be completed.

Section # 1 - Does the existing Roof System contain insulation?

Yes (If yes: check statement below)

No (If No: proceed to section 3)

* If Yes: "I attest that the new roofing system's insulation will match the thickness and R-value of the existing insulation", proceed to section 2.

Section # 2 - Are there any changes to the Roofing System Insulation?

Yes (If yes: check statement below)

No changes (If No changes: check statement below)

* If Yes: Roofing permit applications in other than Group R-3 occupancy, involving a change in the roofing system and recovery applications must include calculations for the supporting structure, signed and sealed by a professional Architect or Engineer, plus the following statement: (If applicable) "I have reviewed the structural and drainage adequacy of the existing roof structure with regard to the proposed roofing system and hereby approve the installation as proposed.", proceed to section 3.

* If No changes: I attest that the proposed roofing system is an exact replacement of the existing system. I also confirm that the existing overflow drains and/or scuppers are adequately sized to prevent water from accumulating more than five inches (5") deep on any part of the roof if the primary drainage system becomes blocked. FBC 1616.3. Proceed to section 3.

Section # 3 - Individual completing this form:

Architect

P.E.

Roofing Contractor

License Number: _____

Printed Name: _____

Signature: _____

Notary acknowledge Section

State of _____

County of _____

Sworn to or affirmed and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 2025, by: _____ who is personally known to me or has produced _____ as identification.

My commission expires:

Notary's seal section
Stamp on this area →

Signature of Notary Public