



LIGHTWEIGHT CONCRETE PERMITTING CHECKLIST

Rev: 2 | Revision Date: 1/5/2021 | Print Date: 1/5/2021 I.D. Number: LCPC

PLEASE VERIFY THAT YOUR PERMIT APPLICATION PACKAGE CONTAINS ALL APPLICABLE ITEMS REQUIRED FOR PERMIT ISSUANCE. YOUR PERMIT APPLICATION WILL NOT BE PROCESSED IF THE REQUIRED INFORMATION IS NOT COMPLETE.

1. For re-roof, LWC installation must be made part of a separate structural permit.
2. Provide two (2) sealed copies of the **Special Inspector Report** (attached) for the inspection of the LWC installation.
3. Provide a current Product Control Approval for the LWC to be installed (FBC 1917.2).
4. LWC installer must be a licensed building contractor, general contractor or roofing contractor.
5. Verify the LWC installer is an approved applicator by the LWC manufacturer (FBC 1917.2.1).
6. Provide substrate the LWC is to be installed over. If the LWC is installed over a non-venting substrate, provide the method of venting the deck and LWC (FBC 1917.4.1).
7. Provide sealed up lift calculations to determine if the calculated design pressures in all roof pressure zones meet the maximum allowable design pressure in the LWC Product Approval specification.
8. Installation of LWC over an existing deck and/or roof assembly requires sealed calculations approving the additional load of the new LWC and the new roof assemblies.
9. When installing LWC over existing roof assemblies, the roof assemblies shall require testing for adhesion to the substrate to confirm compliance with design pressures (FBC 1917.3.1).
10. Provide locations of the primary drains/scuppers and the sizing over the overflow drains/scuppers so that no more than five inches (5") of water shall accumulate in any portion of the roof.
11. Provide a wood blocking detail: if the wood blocking is not attached to structural concrete or steel, then the wood blocking attachment to the LWC shall be designed by an Architect or Professional Engineer (FBC 2330.1.3).

12. Provide expansion joints, if required (FBC 1519.14). Expansion joint covers and expansion joint components shall be constructed and installed in accordance with the roofing assembly manufacturer's published literature.
13. Provide fastener pull testing with a minimum resistance of 40 lbs. at the time of the roofing, and 60 lbs. In 28 days (FBC 1917.4.9).

THE FOLLOWING INFORMATION SHALL BE MAINTAINED BY THE LWC INSTALLER AND CHECKED BY THE SPECIAL INSPECTOR:

14. Maintain job log with the following information (FBC 1917.2.3):
 - a. cast density recordings per hour,
 - b. current product approval,
 - c. date of installation and job location, and
 - d. results of field tests.
15. Verification that the LWC installed is in compliance with the maximum design pressure listed in the LWC product approval for all roof pressure zones.
16. Verification of equipment calibration.
17. Check if bonding agent or curing compound is installed as required to meet design pressures, or if required, for the application of the membrane adhered directly to the LWC.
18. Verify locations of the primary drains/scuppers and the sizing over the overflow drains/scuppers so that no more than five inches (5") of water shall accumulate in any portion of the roof.
19. Type of LWC and compressive strength at 28 days:
 - a. aggregate concrete minimum 125 psi _____
 - b. cellular type: nailed base sheet minimum 160 psi _____
 - c. cellular type: adhered membrane minimum 250 psi _____

LIGHTWEIGHT INSULATING CONCRETE (LWC) FILL
FLORIDA BUILDING CODE
SPECIAL INSPECTOR REPORT

Roofing Permit # _____ Building Permit# _____

LWIC installed over an existing deck (reroofing) LWIC installed during new construction

Property Address: _____

Date(s) of installation: _____

Date(s) of Inspection _____

LWIC Product Approval (NOA)#: _____ LWIC Manufacturer _____

LWIC Installer (Approved by Manufacturer): _____

LWIC Installer License#: _____ Building Contractor General Contractor

TYPE OF LWC INSTALLED:

- Aggregate concrete
- Cellular type: mechanically attached roof system
- Cellular type: adhered roof system, deck surface prepared per the roof system NOA

SUBSTRATE THE LWIC IS INSTALLED OVER:

- Slotted Steel Deck Existing Steel Deck Structural Concrete Existing Roof Assembly
- Steel Support Spacing _____ (for new construction) Other Deck Type _____

Method of venting the LWIC: _____

Minimum thickness of the LWIC: _____

Minimum slope of the LWIC: _____

Expansion Joints installed per approved permit documents Approved Disapproved N/A

Cast Density Recording (checked hourly): Acceptable ranges per the LWIC NOA YES NO

Dry Density Range: _____ Pfc (depending on roof cover type) Wet

Density Range: _____ Pfc (depending on roof cover type)

28-Day Compressive Strength Range: _____ Pfc (depending on roof cover type)

WALKABILITY INSPECTION

Date of Inspection _____ Approved Disapproved

LIGHTWEIGHT INSULATING CONCRETE (LWIC) FILL
FLORIDA BUILDING CODE
SPECIAL INSPECTOR REPORT

All the LWIC was installed in compliance with the requirements of the Florida Building Code Section 1917, the LWIC Product Approval (NOA), and the LWIC manufacturer's recommendations and specifications.

From my observations of the mixing, installations, and finishing of the lightweight insulating concrete system, to the best of my knowledge, belief and professional judgment, those portions of the project outlined above meet the intent of the Florida Building Code and are in substantial accordance with the approved permit documents.

Engineer/ Architect

Name: _____

Address: _____

Telephone : _____

Date: _____

Signed and Sealed: _____

LIGHTWEIGHT INSULATING CONCRETE (LWC) FILL
FLORIDA BUILDING CODE
SPECIAL INSPECTOR REPORT

Roofing Permit# _____ Building Permit# _____

LWIC installed over an existing deck (reroofing) LWIC installed during new construction

Property Address: _____

Date(s) of installation: _____

Date(s) of Inspection _____

LWIC Product Approval (NOA) #: _____ LWIC Manufacturer _____

LWIC Installer (Approved by Manufacturer): _____

LWIC Installer License #: _____ Building Contractor General Contractor

TYPE OF LWC INSTALLED:

Aggregate concrete

Cellular type: mechanically attached roof system

Cellular type: adhered roof system, deck surface prepared per the roof system NOA

SUBSTRATE THE LWIC IS INSTALLED OVER:

Slotted Steel Deck Existing Steel Deck Structural Concrete Existing Roof Assembly

Steel Support Spacing _____ (for new construction) Other Deck Type _____

Method of venting the LWIC: _____

Minimum thickness of the LWIC: _____

Minimum slope of the LWIC: _____

Expansion Joints installed per approved permit documents Approved Disapproved N/A

Cast Density Recording (checked hourly): Acceptable ranges per the LWIC NOA YES NO

Dry Density Range: _____ Pfc (depending on roof cover type)

Wet Density Range: _____ Pfc (depending on roof cover type)

28-Day Compressive Strength Range: _____ Pfc (depending on roof cover type)

WALKABILITY INSPECTION

Date of Inspection _ _ _ _ _ Approved Disapproved Page

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FLORIDA BUILDING CODE
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Engineer/ Architect

Name:

Address: _____

Telephone: _____

Date: _____

Signed and Sealed: _____

FORM FOR "SPECIAL BUILDING INSPECTOR"
SECTION 110.10 – BROWARD COUNTY ADMINISTRATIVE CODE
AND THE FLORIDA BUILDING CODE, 7th Edition (2020)

NOTICE TO PROPERTY OWNER:

You are hereby directed in accordance with Section 110.10.1 or 110.10.2 of the Broward County Administrative Code and the Florida Building Code to retain a Special Structural Inspector (A Florida Registered Architect or Licensed Engineer) to perform the following mandatory or discretionary inspections, as outlined in Section 110.10 of the Florida Building Code and submit progress reports, inspections reports, and a Certificate of Compliance to the Building Official as per Sections 110.10.6 and 110.10.7 of the Florida Building Code.

Note: The Building Official determines which discretionary inspections are to be delegated.

DATE: _____ IDENTIFICATION, CONTROL OR BUILDING PERMIT # _____
PROJECT NAME: _____
JOB ADDRESS _____ ZIP _____
LEGAL DESCRIPTION: _____ FOLIO # _____

A. MANDATORY INSPECTIONS TYPE BY CODE:

- 1) Precast Concrete Units – Section 110.10.2.1 Yes No
- 2) Reinforced Unit Masonry – Section 110.10.2.2 (per ACI 530.1-13-Level B Quality Assurance)*
 *unless noted otherwise on plan..... Yes No
- 3) Connections – 110.10.2.3 Yes No
- 4) Metal System Buildings – Section 110.10.2.4 Yes No
- 5) Smoke Control Systems – Section 110.10.2.5 Yes No

B. DISCRETIONARY INSPECTION TYPE BY BUILDING OFFICIAL:

- 1) Building Structures or part thereof of Unusual Size, Height, Design or Method of Construction and
 Critical Structural Connections – Section 110.10.1.1 Yes No
- 2) Windows, Glass Doors and Curtain Walls on buildings over two (2) stories – Section 110.10.1.1 Yes No
- 3) Pile Driving Only – Section 110.10.1.1 Yes No
- 4) Precast Concrete Units – Section 110.10.2.1 Yes No
- 5) Reinforced Unit masonry – Sections 110.10.2.2 Yes No
- 6) Other..... Yes No

C. MANDATORY DOCUMENTATION

- 1) Inspection schedule stating the specific inspection that will be made and at what phase of construction must be submitted with this application.
- 2) Progress Report/Inspection reports during construction in accordance with Section 110.10.6.
- 3) Certificate of Compliance must be submitted prior to the scheduling of the final building inspection, Section 110.10.7.

ACKNOWLEDGMENT

Owner's Signature: _____ Permit Holder's Signature: _____
Printed Name: _____ Printed Name: _____
License # (if applicable) _____

SPECIAL BUILDING INSPECTOR: _____

Registered Architect and/or Licensed Engineer

Signature of Special Building Inspector, Embossed Seal AND Date

Printed Name of Special Building Inspector _____

Address of Special Building Inspector _____

State of Florida Registration # _____ Fax # _____ Telephone # _____

_____ Date: _____

Building Official (or designated representative)

BE ADVISED THIS DOES NOT PRECLUDE YOU FROM OTHER MANDATORY INSPECTIONS IN THE CODE