CITY OF DORAL
8401 NW 53RD Terrace
Doral, Florida 33166
305-593-6700

LIGHTWEIGHT INSULATING CONCRETE (LWIC) FORM

Roofing Permit Number _____ Building Permit Number_____

Property Address_____

LWIC Product Approval (NOA) No. _____ **LWIC** Manufacturer_____

LWIC installer (approved by manufacturer)_____

LWIC installer license number_____

Type of **LWIC** to be installed
☐ Aggregate LWIC
☐ Cellular LWIC with mechanically attached roof system
☐ Cellular LWIC with adhered roof system (deck surface prepared per LWIC and Roof System NOA)

Substrate the **LWIC** to be installed over
☐ Slotted Steel Deck ☐ Existing Steel Deck ☐ Structural Concrete ☐ Twin T Concrete

☐ Existing Roof Assembly ☐ Other Deck Type_____

Steel Deck Support Spacing_____

Deck Attachment Method (per **LWIC** Product Approval NOA)

Puddle Weld size_____ Washers ☐ Yes ☐ No Weld Spacing_____ ” o/c

Screw Type_____ Screw Spacing_____” o/c

Side Lap Attachment_____

Bonding Agent (per the LWIC Product Approval (NOA) ☐ N/A

Bonding Agent type and coverage_____

Is it LWIC Vented ☐ Yes ☐ No If not, method of venting _____ *
* (Required when the LWIC is installed over non-venting substrates)

Polystyrene Insulation (Holey Board)
Installed per **LWIC** Product Approval NOA ☐ Yes ☐ No ☐ N/A
Installed per approve building plans ☐ Yes ☐ No ☐ N/A

LWIC Admixtures (per LWIC Product Approval NOA) ☐ Yes ☐ No ☐ N/A

Admixture Type_____

LWIC Curing Compound (per **LWIC** Product Approval NOA) ☐ Yes ☐ No ☐ N/A

Curing Compound type_____

Minimum thickness of LWIC_____

Minimum slope of the LWIC_____

Expansion Joints
Installed per approved building plans ☐ Yes ☐ No ☐ N/A

Dry Density Range:_____ Pcf (depending on roof cover type)
Wet Density Range:_____ Pcf (depending on roof cover type)
28-Day Compressive Strength Range _____(depending on roof cover type)
Minimum Compressive Strength_____
Proposed Compressive Strength_____
Max. Design Pressure_____

Roof System
Manufacturer _____ Product Approval No. _____ Page No. _____