

Building & Permitting 490 3RD ST NW 863-291-5695 M-F 8AM - 5PM

RE-ROOF AFFIDAVIT

To be completed by the permit holder and posted at the jobsite for the final inspection for all roofing permits.
Will be collected by the inspector. Final inspection will fail if affidavit is incomplete, not legible or damaged.

PERMIT NUMBER: _____ **DATE WORK PERFORMED:** _____

PROJECT ADDRESS: _____

NAIL SCHEDULE (RE-NAIL DECKING OR PURLIN): _____

FRAMING/SHEATHING REPAIR OR REPLACEMENTS: _____

UNDERLAYMENT SPECIFICATION, OVERLAP AND ROOF PITCH: _____

SEALED EDGES, OBJECTS, VALLEYS, VALLEY MATERIAL WITH MIN. 4" FLASHING CEMENT: _____

NAIL SCHEDULE OF DRIP EDGE, METAL, ROOF SHINGLES: _____

ROOF VENTS (CIRCLE): GAS PLUMBING DRYER RANGE BATH

ATTIC VENT (CIRCLE): ON RIDGE OR OFF RIDGE

I hereby attest that all work, including items concealed prior to inspection, meet the requirements of the current Florida Building Code.

NAME: _____ **LICENSE #:** _____

SIGNATURE: _____ **DATE:** _____

I SWORN TO and subscribed before me this ____ day of _____ 20____

Is / is not personally known to me. Identified by: _____

NOTARY PUBLIC – STATE OF FLORIDA

My Commission Expires