



Reroof Scope of Work and Inspection Affidavit

FBC 7th Edition (2020)

Building Plans Review and Inspection

Development Support & Environmental Management

435 North Macomb St., 2nd Floor

Tallahassee FL 32301

(850)606-1300

www.leonpermits.org

Permit No: _____

Date: _____

Job Address: _____

Structure: One or Two Family Residence Residential Accessory Structure Commercial

Re-Roof Type: Replacement – Tear off Existing and Replace Re-Cover – New Roof over Existing

Job Description: _____ Square Footage: _____

Special Notes: _____

Type of Roof & Florida Product Approval Numbers:

Fiberglass Shingle	FL#	Built-Up (with Aggregate)	FL#
Metal (Direct Attachment)	FL#	Built-Up (Smooth Surfaced)	FL#
Metal (with Purlins)	FL#	Single-Ply Membrane (TPO)	FL#
Modified Bitumen	FL#	Single-Ply Membrane (EPDM)	FL#
Tile	FL#	Wood Shingle/Shake	FL#

Type of Underlayment and Florida Product Approval Number: _____ FL# _____

Slope of Roof: Less than 2:12 (No shingle application allowed) 2:12 – 4:12 4:12 or greater

Ventilation: Ridge Vent Length _____ Off-Ridge Vent Qty. _____

Turbines Qty. _____ Powered Vent Qty. _____ Other/Unvented: _____

Flashing: Replace all Flashing Repair Existing Use Existing

Drip Edge: Replace all Drip Edge Repair Existing Use Existing

Valley Treatment: New Mineral Surface New Metal Use Existing

The following information is required on site for final inspection:

1. This scope of work form with the signed and notarized roofing affidavit included.
2. Florida product approval installation instructions.
3. Printed photographs of all roof planes that include all of the following that apply to the scope of work for this project: sheathing re-nailing, underlayment, flashing, drip edge, valley treatment, insulation, or purlins. The permit number or address must be shown in the pictures, along with a measurement device to reference the required fastener spacing and overlaps.
4. All of the documents will become part of the inspection record. On-site inspections may be required by the Building Division to verify Code compliance.



Reroof Inspection Affidavit for Nailing, Underlayment, and Flashing (Reroof Only – Not for New Construction)

Permit: _____

Date: _____

Job Address: _____

Check for the method utilized for underlayment meeting the requirements of Section 905.1.1 FBCR:

- “The entire roof deck shall be covered with an approved self-adhering polymer-modified bitumen underlayment complying with ASTM D1970...”
- “A minimum 4-inch-wide strip of self-adhering polymer-modified bitumen membrane complying with ASTM D1970... shall be applied over all joints in the roof decking...”
- “A minimum 3 ¾ inch wide strip of self-adhering flexible flashing tape complying with AAMA 711... shall be applied over all joints in the roof decking...”
- “Two layers of ASTM D226 Type II or ASTM D4869 Type III or Type IV...”
- “Two layers of a reinforced synthetic underlayment that has a product approval as an alternative to underlayment complying with ASTM D226 Type II...”

I, _____, as a Roofing Contractor, Engineer, or F.S. Chapter 468 Building Inspector, hereby affirm that all of the foregoing information is true and accurate and that the sheathing, nailing, dry-in, and flashings at the above referenced address/lot have been installed in accordance with the attached scope of work, complying with all applicable codes and standards. Based upon my examination, I have determined the installation was done in conformance with the requirements of Section 706.7 Mitigation, Florida Building Code, Existing.

License#: _____

Company/Contractor: _____

Contractor’s Signature: _____ Date: _____
(Must be signed by the license holder)

A Final Roofing Inspection is Required

This signed and notarized affidavit must be provided at the job site for the final roofing inspection, along with printed photographs (including permit number or address) as outlined in Note #3 of the Scope of Work form.

**STATE OF FLORIDA
LEON COUNTY**

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20____, by _____ who is personally known to me ___ or has produced _____ as identification.

Notary Public Signature

(SEAL)

Printed Name