

Reroofing Inspection Affidavit Nailing, Sheathing, Dry-In & Flashing

REROOF ONLY – NOT NEW CONSTRUCTION

Permit: _____

Date: _____

Job Address: _____

Indicate the method utilized for underlayment meeting the requirements of Section 905.1.1 FBCR

☐ 1) "The entire roof deck shall be covered with an approved self-adhering polymer-modified bitumen underlayment complying with ASTM D1970...."

☐ 2) "A minimum 4-inch-wide strip of self-adhering polymer-modified bitumen membrane complying with ATSM D1970 shall be applied over all joints in the roof decking...."

☐ 3) "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...."

☐ 4) "Two layers of ATSM D226 Type II or ATSM D4869 Type III or Type IV"

☐ 5) "Two layers of a reinforced synthetic underlayment that has a product approval as an alternative to underlayment complying with ATSM D226 Type II...."

I _____, as a(n) General, Building, Residential, or Roofing Contractor, Engineer, Architect, or F.S. Chapter 468 Building Inspector, I 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 Existing Roofing, Mitigation of the Florida Building Code, Existing.

License #: _____

Company/Contractor: _____

Contractor's Signature: _____ Date: _____

(Must be signed by license holder OR Owner if owner/builder)

A final roofing inspection is required:

This signed and notarized affidavit must be provided at the job site at the time of the final roofing inspection along with digital photographs of each plane of the roof with the permit number or address number clearly marked on the deck for each inspection. The photographs must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing.

STATE OF FLORIDA COUNTY OF _____

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

(SEAL)

Printed Name

My Commission Expires