



Department of Growth Management

Scope of Work Reroofing

Permit: _____

Date: _____

Job Address: _____

Structure: Single-Family Residence/Townhouse Mobile home Commercial/Condominium

Re-Roof Type: Replacement - Tear off Existing and Replace Re-cover - New Roof over Existing Roof
If damaged decking replacement is required, an inspection is required.

Job Description: Square Footage _____ Special Notes: _____

Type of Roof & Florida Product approval numbers:

- Coating Only FL # _____
- Underlayment FL # _____
- Fiberglass Shingle FL # _____
- Wood Shingle or Shake FL # _____
- Modified Bitumen FL # _____
- EPDM - hypalon or pvc one ply FL # _____
- Smooth Surfaced Built-up FL # _____
- Built-up with Aggregate FL # _____
- Tile FL # _____
- Metal - Direct attachment FL # _____
- Metal with Purlins FL # _____

Slope of Roof:

- Less than 2:12*
- 2:12 - 4:12**
- 4:12 or greater

*No shingle application allowed

**Multi-layer underlayment requires inspection or digital photographs for verification

Ventilation:

- Turbines - qty _____, Off-ridge Vent - qty _____, Powered Vent - qty _____, Ridge Vent - length _____,
- Other / Un-vented: _____

Flashing:

- Use existing Repair Existing flashing Replace all Flashing
- Replace w/L-Flashing Replace w/Step Flashing

Drip Edge:

- Use Existing Repair Existing Drip edge Replace All Drip Edge

Valley Treatment:

- Use Existing valley New Metal New Mineral Surface

Note: 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, current master filed systems or site specific engineering for all products used on the job.
3. Digital photographs of sheathing (if re-nailed), underlayment (if used), Purlins or insulation (if used) with a measurement devices shown to reference required spacing.

All the documents will become part of the inspection record. On-site inspections, per Florida Building Code 109, may be required by the Building Division to verify Code compliance.

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

REROOF ONLY – NOT NEW CONSTRUCTION

Permit No: _____ Address: _____

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 to the Hurricane Mitigation Retrofit Manual (Based on F.S. Chapter 553.844).

License #: _____

Company/Contractor: _____

Signature: _____ Date: _____

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.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20___, by _____ who is personally known to me ___or has produced _____ as identification and who ___did or ___did not take an oath.

Notary Public

Printed Name: _____

My Commission Expires: _____

*No general, building, or residential contractor certified after 1973 shall act as, hold himself or herself out to be, or advertise himself or herself to be a roofing contractor unless he or she is certified as a roofing contractor.