



Office of Building Services

Reroof Scope of Work
FBC 7th Ed' (2020)

315 West Main St., Tavares, FL 32778 · PO Box 7800
Phone (352)343-9653 · Website www.lakecountyfl.gov

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: EPDM - Hypalon or PVC One ply FL# _____

Coating Only FL# _____ Smooth Surfaced Built-up FL# _____

Underlayment FL# _____ Built-up with Aggregate FL# _____

Fiberglass Shingle FL# _____ Tile FL# _____

Wood Shingle or Shake FL# _____ Metal – Direct attachment FL# _____

Modified Bitumen 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 / Unvented: _____

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. Printed photographs of sheathing re-nailing, underlayment (if used), Purlins or insulation (if used) with a measurement device shown to reference required fastener spacing.
Sheathing shall be re-nailed for any detached Single-Family home built prior to March 1, 2002.
Nailing should be equivalent to #8d no more than 6" on center. Per FBCEB 706.7.1 & T706.7.1.6
4. The photographs must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing.
All the documents will become part of the inspection record. On-site inspections, per Florida Building Code 110, 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: _____

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