Office of Building Services  
Scope of Work  
Reroofing  
(Updated Form March 28, 2019 must be used)

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:

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 re-nailing, underlayment (if used), Purlins or insulation (if used) with a measurement devices 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 611.7 & T611.7.1.2
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 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:________________________________________

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 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.