



Residential Re-roofing Inspection Affidavit
For Sheathing, Dry-In, Flashing and Roofing Attachment
RESIDENTIAL RE-ROOF ONLY – NOT NEW CONSTRUCTION

Permit: _____

Date: _____

Job Address: _____

Roof Sheathing Evaluation

Decking/Sheathing Type: _____
Was the roof sheathing evaluated for insufficient connections or any deterioration? _____
Did any of the roof sheathing need replacement? _____ Approx. square footage: _____
What type of material was used to replace the deficient roof sheathing? _____
Has the roof sheathing been fastened to Code? _____ Type of fastener: _____
What is the fastener spacing? Field: _____ Perimeter: _____
Has the embedment of the sheathing fasteners been verified? _____

Roof Underlayment / Roof Covering
Information

Underlayment

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...."

Lapping of head joints & side joints provided in inches: _____

Fastener spacing for underlayment product (if applicable): Field: _____ Perimeter: _____ Laps: _____

Drip edge materials, size, gauge, fastener type & spacing: _____

Valley materials, size, gauge, fastener type & spacing: _____

Other installed flashing material, size, gauge, fastener type & spacing: _____

Ridge vent material, fastener type, spacing & strapping: _____

Roof Covering

Roof Covering Manufacturer: _____

Roof Covering Attachment Method: _____ Fastener Type & Quantity: _____

Photo Requirements:

Note: The color photographs must include the permit number and a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing.

Multiple clear, legible photographs of each plane of the roof over 100sf are required. **NOTE:** Set camera to max photo size of 350KB. As a guide: a minimum of thirty-three (33) are needed for a simple gable, fifty (50) for a simple hip. Add at least nine (9) more photos for each additional roof plane:

Front of house with address / Overall sheathing after repairs & re-nailing / 3 Close-up photos of the sheathing nailing along a ridge, along an edge, and in the middle / Overall of the flashing at each valley / Close-up photos of each roof penetration (skylight, turbine, plumbing or gas vents, etc.) / Overall of 1st layer of underlayment / 3 Close-up photos of the 1st layer along a ridge, along an edge, and in the middle / Overall of 2nd layer of underlayment / 3 Close-up photos of the 2nd layer along a ridge, along an edge, and in the middle / Close-up photo of the drip edge / 3 Close-up photos of finish material fastening (example: showing shingle attachment) along a ridge, along an edge, and in the middle / and an Overall final photo over the finished roof.

I _____, as a Florida 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, flashings, and finish materials 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 the Leesburg Municipal Code, Chapter 7, the Florida Building Code, Existing, Section 706 and the appropriate Product Approval Installation Guide under Rule 9N-3.

License #: _____

Company/Contractor: _____

Contractor's Signature: _____ Date: _____

(Must be signed by license holder, no POA will be accepted)

A preliminary and 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 color 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