



MAITLAND  
FLORIDA

Reroof Scope of Work  
Residential Only

FBC 8<sup>th</sup> Ed' (2023)

Revised 11/5/24

Date: \_\_\_\_\_

Permit: \_\_\_\_\_

Job Address: \_\_\_\_\_

Re-Roof Type:  Replacement - Tear off Existing and Replace  Re-cover – New Roof over Existing Roof

Job Description: \_\_\_\_\_ Square Footage of roof \_\_\_\_\_

Special Notes: \_\_\_\_\_

Type of Roof & Florida Product Approval numbers:

<input type="checkbox"/> Skylights	FL# _____	<input type="checkbox"/> EPdM - Hypalon or PVC One ply	FL# _____
<input type="checkbox"/> Underlayment	FL# _____	<input type="checkbox"/> Tile	FL# _____
<input type="checkbox"/> Wood Shingle or Shake	FL# _____	<input type="checkbox"/> Metal – Direct attachment	FL# _____
<input type="checkbox"/> Fiberglass Shingle	FL# _____	<input type="checkbox"/> Metal with Purlins	FL# _____
<input type="checkbox"/> Modified Bitumen	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

Skylights:  Use Existing  Replace  QTY

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 & T706.7.1.2*
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: \_\_\_\_\_

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 1/4 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