



# Office of Building Services 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 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: \_\_\_\_\_

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 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 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.