

Town of Hilliard  
15859 West CR 108  
Hilliard, FL 32046

ROOFING CONTRACTOR INSPECTION AFFIDAVIT

I, \_\_\_\_\_, the Contractor/Qualifier do affirm and certify the roofing system install under permit number \_\_\_\_\_ and located at \_\_\_\_\_ was installed under my supervision; and roofing system is in compliance with Chapter 9 of the Florida Building Code – Residential, Chapter 6, Section 611 of the Florida Building Code – Existing Building, and the appropriate Product Approval under Rule 9N-3. The roofing system as installed is described in the following sections:

Roof Permit Type  
(Check all that apply)

- Replacement Roofing       Recovering       Repair/Maintenance

Roofing Category Scope of Roofing Work  
(Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Asphalt Shingles           | <input type="checkbox"/> Flat Roof (membrane, built-up, etc.) |
| <input type="checkbox"/> Mechanically Fastened Tile | <input type="checkbox"/> Mortar / Adhesive Set Tile           |
| <input type="checkbox"/> Metal Panels / Shingles    | <input type="checkbox"/> Wood Shingles / Shakes               |
| <input type="checkbox"/> Other: _____               | <input type="checkbox"/> Other: _____                         |

Flat Rood Area ( $\leq 2"/12$ ): \_\_\_\_\_ s.f.      Low Slope Roof Area ( $> 2"$  to  $4"/12"$ ): \_\_\_\_\_ s.f.  
Steep Slope Roof Area ( $\geq 4"/12"$ ): \_\_\_\_\_ s.f.      **Total Roof Area Under This Permit: \_\_\_\_\_ s.f.**

Roof Sheathing Evaluation

Was the roof sheathing evaluated for insufficient connections or any deterioration? \_\_\_\_\_  
Did any of the roof sheathing need replacement? \_\_\_\_\_  
What type of material was used to replace the deficient roof sheathing? \_\_\_\_\_  
Has the roof sheathing been fastened to Code? \_\_\_\_\_  
What is the fastener spacing? Field: \_\_\_\_\_ Perimeter: \_\_\_\_\_  
Has the embedment of the sheathing fasteners been verified? \_\_\_\_\_

Roof Underlayment / Roof Covering Information

Underlayment

Type of underlayment / secondary water barrier installed: \_\_\_\_\_

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 Type: \_\_\_\_\_ Roof Covering Product Approval #: \_\_\_\_\_

Roof Covering Manufacturer: \_\_\_\_\_

Roof Covering Attachment Method: \_\_\_\_\_ Fastener Type & Quantity: \_\_\_\_\_

**This affidavit must be kept with the permit documents for the Building Inspector to review at every INSPECTION.**

**I affirm and certify the information provided in this affidavit is true and correct. The work was completed under my supervision and complies with the applicable sections of the Florida Billing Code.**

\_\_\_\_\_  
Contractor / Qualifier Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

by \_\_\_\_\_, who is personally known to me or who has produced

\_\_\_\_\_ as identification.

(Type of Identification)

\_\_\_\_\_  
Notary Signature

(Notary Seal)