



TOWN OF HILLIARD
ROOFING CONTRACTOR INSPECTION AFFIDAVIT
15859 W CR 108 Hilliard, FL 32046
Phone: 904-845-3555 | cs@townofhilliard.com

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 I 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)

☐ Asphalt Shingles ☐ Flat Roof(membrane, built-up, etc.)
☐ Mechanically Fastened Tile ☐ Mortar/Adhesive Set Tile
☐ Metal Panels / Shingles ☐ Wood Shingles/Shakes
☐ Other _____ ☐ Other _____

Flat Roof Area($\leq 2"/12$): _____ sq.ft. Low Slope Roof Area($>2"$ to $4 \cdot /12$): _____ sq.ft.
Steep Slope Roof Area($\geq 4 \cdot /12$): _____ sq.ft. **Total Roof Area Under This Permit:** _____ sq.ft.

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? _____



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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)