



Building & Fire Prevention Division
RESIDENTIAL RE-ROOF POLICY & PROCEDURES

PERMITTING REQUIREMENTS – NO PLAN REVIEW REQUIRED

THIS DOCUMENT (SIGNED) ALONG WITH AN ACCURATE AND COMPLETED RESIDENTIAL RE-ROOF SCOPE OF WORK ARE REQUIRED TO BE SUBMITTED AS PART OF YOUR PERMIT APPLICATION.

THE SCOPE OF WORK MUST INCLUDE ALL APPLICABLE FLORIDA PRODUCT APPROVAL NUMBERS FOR ALL ROOF COMPONENTS THAT WILL BE INSTALLED ON THE PROJECT.

A PERMIT WILL NOT BE ISSUED WITHOUT THESE DOCUMENTS. COPIES WILL BE MADE TO POST ON THE JOB SITE.

****PROJECTS LOCATED IN THE SANFORD HISTORIC DISTRICT WILL REQUIRE PLAN REVIEW AND APPROVAL BY THE SANFORD HISTORIC PRESERVATION BOARD**

INSPECTION POLICY & PROCEDURES

A FINAL ROOF INSPECTION IS THE ONLY INSPECTION REQUIRED FOR RESIDENTIAL (SINGLE FAMILY, TOWNHOUSE, MOBILE HOME, APARTMENT AND/OR CONDOMINIUM) RE-ROOF PERMITS.

THE FOLLOWING IS REQUIRED TO BE PROVIDED ON THE JOB SITE:

- PERMIT CARD, POSTED IN A CONSPICUOUS AND WEATHERPROOF LOCATION
- COMPLETED RESIDENTIAL RE-ROOF SCOPE OF WORK
- COMPLETED AND NOTARIZED INSPECTION AFFIDAVIT
- ALL FLORIDA PRODUCT APPROVAL AND CORRESPONDING INSTALLATION INSTRUCTIONS
(PRODUCT APPROVAL SHALL MATCH WHAT IS ON THE SCOPE OF WORK)
- DIGITAL PHOTOGRAPHS (MUST INCLUDE THE PERMIT NUMBER OR ADDRESS IN EACH PICTURE)
 - EACH PLANE OF THE ROOF, SHOWING THE UNDERLAYMENT INSTALLED
 - ROOF DECK NAILING PATTERN & SPACING (INCLUDING A MEASURING DEVICE OR RULER)
 - ROOF DECK NAILS USED (INCLUDING A MEASURING DEVICE OR RULER SHOWING SIZE OF NAILS)
 - UNDERLAYMENT PATTERN & SPACING (INCLUDING A MEASURING DEVICE OR RULER)
 - DRIP EDGE & VALLEY ATTACHMENT (INCLUDING A MEASURING DEVICE OR RULER)
 - SHINGLES INSTALLED, NAIL PATTERN AND LOCATION OF NAILS
- SKYLIGHTS (IF APPLICABLE)
 - DIGITAL PHOTOGRAPHS SHOWING ALL INSTALLATION COMPONENTS, PER FL PRODUCT APPROVAL
 - DIGITAL PHOTOGRAPHS SHOWING ALL REQUIRED FLASHING, PER FL PRODUCT APPROVAL

FAILURE TO FOLLOW THESE SPECIFIC GUIDELINES WILL RESULT IN AN AFFIDAVIT PROVIDED BY A FLORIDA DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER), CERTIFYING FBC CODE COMPLIANCE BY PERSONAL INSPECTION.

CONTRACTOR (OR OWNER/BUILDER) SIGNATURE: _____ DATE: _____



PERMIT # _____

**Building & Fire Prevention Division
RESIDENTIAL RE-ROOF SCOPE OF WORK**

JOB ADDRESS: _____

STRUCTURE TYPE: SINGLE FAMILY RESIDENCE/TOWNHOUSE MOBILE HOME APARTMENT/CONDOMINIUM

RE-ROOF TYPE: REPLACEMENT (TEAR OFF EXISTING ROOF AND REPLACE WITH NEW COMPONENTS)
 RE-COVER (NEW ROOF INSTALLED OVER EXISTING ROOF)

DECK TYPE (PLEASE SPECIFY): _____

****PLEASE NOTE: ONLY 100 SQUARE FEET OF THE EXISTING DECK IS PERMITTED TO BE REPLACED****

ROOF VENTILATION: OFF-RIDGE RIDGE SOFFIT POWERED VENT TURBINES

SKYLIGHTS: YES NO IF YES, PLEASE PROVIDE FLORIDA PRODUCT APPROVAL #: _____

MAIN ROOF AREA

ROOF SLOPE: LESS THAN 2:12 2:12 – 4:12 4:12 OR GREATER

TYPE OF ROOF	MANUFACTURER	FLORIDA PRODUCT APPROVAL
<input type="radio"/> SHINGLE		FL#
<input type="radio"/> METAL		FL#
<input type="radio"/> MODIFIED BITUMEN		FL#
<input type="radio"/> TORCH DOWN		FL#
<input type="radio"/> INSULATED		FL#
<input type="radio"/> TILE		FL#
<input type="radio"/> OTHER:		FL#

ROOF EXTENSIONS (PORCHES, PATIOS, ETC.) **IF APPLICABLE**

ROOF SLOPE: LESS THAN 2:12 2:12 – 4:12 4:12 OR GREATER

TYPE OF ROOF	MANUFACTURER	FLORIDA PRODUCT APPROVAL
<input type="radio"/> SHINGLE		FL#
<input type="radio"/> METAL		FL#
<input type="radio"/> MODIFIED BITUMEN		FL#
<input type="radio"/> TORCH DOWN		FL#
<input type="radio"/> INSULATED		FL#
<input type="radio"/> TILE		FL#
<input type="radio"/> OTHER:		FL#



RESIDENTIAL RE-ROOF INSPECTION AFFIDAVIT
NAILING, SHEATHING, DRY-IN, FLASHING, AND ALL FINAL ROOF COVERINGS

PERMIT #: ADDRESS:

I, AS A(N) GENERAL, BUILDING, RESIDENTIAL, OR ROOFING CONTRACTOR, ENGINEER, ARCHITECT, OF F.S. CHAPTER 468 BUILDING INSPECTOR, I HEREBY AFFIRM, THAT ALL OF THE FOREGOING INFORMATION IS TRUE AND ACCURATE AND THAT ALL ROOFING COMPONENTS LISTED ON THE SCOPE OF WORK AT THE ABOVE REFERENCED ADDRESS HAVE BEEN INSTALLED IN ACCORDANCE WITH THEIR PRODUCT APPROVALS AND ALL APPLICABLE CODE REQUIREMENTS - SPECIFICALLY FLORIDA BUILDING CODE, EXISTING BUILDING. IN ADDITION I CERTIFY THE INSTALLATION MEETS ALL REQUIREMENTS FOR SECONDARY WATER BARRIER AND NAILING OF THE ROOF DECK, IN ACCORDANCE WITH THE HURRICANE RETROFIT MANUAL REQUIREMENTS (BASED ON F.S. CHAPTER 553.844).

LICENSE #:

COMPANY / CONTRACTOR:

CONTRACTOR SIGNATURE: DATE: (MUST BE SIGNED BY LICENSE HOLDER OR OWNER/BUILDER)

A FINAL ROOF INSPECTION IS REQUIRED:

THIS SIGNED AND NOTARIZED AFFIDAVIT MUST BE PROVIDED AT THE JOB SITE AT THE TIME OF THE FINAL ROOF INSPECTION, ALONG WITH DIGITAL PHOTOGRAPHS OF EACH PLANE OF THE ROOF SHOWING IN DETAIL ALL COMPONENTS (DECKING, UNDERLAYMENT, FLASHING, DRIP EDGE ATTACHMENT) WITH THE PERMIT NUMBER OR ADDRESS CLEARLY MARKED ON THE DECK FOR EACH INSPECTION. THE PHOTOGRAPHS MUST INCLUDE A RULER OR MEASURING DEVICE TO CONFIRM ALL NAIL SPACING AND OVERLAPS, INCLUDING DRIP EDGE AND VALLEY FLASHING. PLEASE REFER TO THE RE-ROOF POLICY AND INSPECTION PROCEDURE PAPERWORK FOR FURTHER EXPLANATION OF ALL REQUIREMENTS.

**FAILURE TO FOLLOW ALL REQUIREMENTS WILL RESULT IN A FAILED INSPECTION, A RE-INSPECTION FEE AS WELL AS REQUIRING A DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER) TO CERTIFY, BASED ON PERSONAL INSPECTION, THE INSTALLATION OF ALL ROOFING COMPONENTS.

STATE OF FLORIDA COUNTY OF

Sworn to and Subscribed before me this day of 20 by:

. Who is Personally Known to me or has Produced (type of identification) as identification.

Signature of Notary Public
State of Florida

(SEAL)

Print/Type/Stamp Name
of Notary Public