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Development Services
BUILDING OFFICIAL

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RESIDENTIAL RE-ROOF AFFIDAVIT

Permit #: _____ Date: _____

Job Address: _____

Structure Type: _____ One or Two- Family Residence _____ Mobile Home

Re-Roof Type: _____ Replacement (Tear off existing & replace) _____ Recover (New over Existing)

Job Description/ Special Notes: _____

Slope of Roof: _____ Less than 2:12* _____ 2:12-4:12 _____ 4:12 or Greater

**No shingle application allowed*

A FINAL ROOFING INSEPTION IS REQUIRED

This signed and notarized affidavit must be provided at the jobsite at the time of the final roofing inspection along with photographs of all components of the roof installation including but not limited to ridge and off ridge ventilation, roof sheathing, underlayment, drip edge, skylights, and shingles. These photos must include the permit number or address clearly displayed in each photograph. The photographs must include visual verification that the work was performed at the above listed address. Please include a measuring device as a reference to confirm all installation requirements per the Florida product approval and applicable building codes.

I _____, Licensed as a(n) __ Contractor, __ Engineer, __ Architect, __ FS 468 Building Inspector, License # _____ or __ Owner Builder hereby affirm that all of the foregoing information is true and accurate and that the sheathing, nailing, dry-in, flashings at the above referenced address will be installed in accordance the applicable codes, Florida product approval installation instructions and standards set forth in the 2017 Florida Building Code- Residential and the 2017 Florida Building Code- Existing Building

Signature: _____

State of Florida, County of _____

Sworn to and subscribed before me this _____ day of _____, 20____

_____ personally known, or __ Produced Identification;

Type of identification produced _____,

BY _____