



CITY OF WINTER GARDEN
300 WEST PLANT STREET WINTER
GARDEN, FL 34787

P: 407.656.4111
WWW.WINTERGARDEN-FL.GOV

REQUIRED INSPECTIONS - RESIDENTAL REROOFING PERMITS ONLY

DRY-IN INSPECTION - NOT REQUIRED. NOTE: WE WILL DO AN IN PROGRESS DRY IN INSPECTION IF REQUESTED/NEEDED

FINAL INSPECTION - IF ANY OF THE BELOW ITEMS ARE NOT COMPLETED AND ON THE JOB SITE AT THE TIME OF THE FINAL INSPECTION, THE BUILDING INSPECTOR WILL ISSUE A NOTICE OF CORRECTIONS FOR RE-INSPECTION THAT SHALL RESULT IN A RE-INSPECTION FEE.

1. THE CONTRACTOR/PERSON MAKING THE INSPECTIONS **MUST COMPLETE, SIGN AND NOTARIZED** THE ORIGINAL "RE-ROOFING INSPECTION AFFIRMATION FORM" ATTACHED BELOW. THE "RE-ROOFING SCOPE OF WORK" MUST BE ON SITE AND COMPLETED.
2. PRINTED PHOTOS OF EACH PLANE OF THE ROOF FOR: SHEATHING (IF RE-NAILED), UNDERLAYMENT (IF USED), PURLINS OR INSULATION (IF USED) WITH A MEASUREMENT DEVICE SHOWN TO REFERENCE REQUIRED SPACING. PHOTOS OF THE COMPLETED SEALED DRIP EDGE ARE REQUIRED. THE PERMIT NUMBER OR ADDRESS MUST BE MARKED ON THE PHOTOS.
3. FLORIDA PRODUCT APPROVAL INSTALLATION INSTRUCTIONS, CURRENT MASTER FILED SYSTEMS OR SITE SPECIFIC ENGINEERING FOR ALL PRODUCTS USED ON THE JOB.

"RESIDENTIAL REROOF INSPECTION AFFIRMATION FORM"

FOR THE NAILING, SHEATHING, DRY-IN, FLASHING INSTALLATION, AND ALL FINAL ROOF COVERINGS

PERMIT NUMBER: _____ ADDRESS: _____

I _____, LICENSED AS A GENERAL*, BUILDING*, RESIDENTIAL*, ROOFING CONTRACTOR OR ENGINEER, ARCHITECT, OR F.S. CHAPTER 468 BUILDING INSPECTOR, I HEREBY SWEAR AND AFFIRM THAT ALL OF THE FOREGOING INFORMATION IS TRUE AND ACCURATE AND THAT THE ROOF DECKING NAILING, DRY-IN AND FLASHINGS AT THE ABOVE REFERENCED ADDRESS/LOT HAVE BEEN INSTALLED IN ACCORDANCE WITH THE ATTACHED SCOPE OF WORK AND ALSO THE MATERIALS LISTED ON THE PRODUCT APPROVAL SHEET HAVE BEEN INSTALLED AND COMPLY WITH SECTION 708 OF THE FLORIDA BUILDING CODE, EXISTING BUILDING. BASED UPON MY PERSONAL ON SITE EXAMINATION/INSPECTION I HAVE DETERMINED THAT THE INSTALLATION WAS DONE IN COMPLIANCE WITH SECTION 708 OF THE FLORIDA BUILDING CODE, EXISTING BUILDING.

PERSON VERIFYING INSTALLATION: _____ SIGNATURE: _____ DATE: _____

LICENSE TYPE AND NUMBER: _____ COMPANY/CONTRACTOR: _____

A FINAL ROOFING INSPECTION IS REQUIRED

THIS SIGNED AND NOTARIZED AFFIRMATION MUST BE PROVIDED AT THE JOB SITE AT THE TIME OF THE FINAL ROOFING INSPECTION ALONG WITH DIGITAL 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 SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ day of _____, 20____, by

_____ WHO IS PERSONALLY KNOWN TO ME _____ OR HAS PRODUCED _____ AS IDENTIFICATION.

NOTARY PUBLIC _____

PRINTED NAME _____

MY COMMISSION EXPIRES _____

*A GENERAL, BUILDING, OR RESIDENTIAL CONTRACTOR CERTIFIED AFTER 1973 **SHALL NOT** ACT AS, OR HOLD HIM OR HERSELF TO BE, OR ADVERTISE HIM OR HERSELF TO BE A ROOFING CONTRACTOR UNLESS HE OR SHE IS CERTIFIED OR LICENSED AS A ROOFING CONTRACTOR.



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"REROOFING SCOPE OF WORK"

PERMIT: _____ DATE: _____

JOB ADDRESS: _____

STRUCTURE TYPE: SINGLE FAMILY RESIDENCE/TOWNHOME: _____ COMMERCIAL/CONDOMINIUM _____

REROOF TYPE: REPLACEMENT-TEAR OFF EXISTING AND REPLACE _____ RE-COVER- NEW ROOF OVER EXISTING ROOF _____

NOTE: IF DAMAGED DECKING REPLACEMENT IS REQUIRED, A SHEATHING PHOTO WILL BE REQUIRED.

JOB DESCRIPTION: SQUARE FOOTAGE _____ SPECIAL NOTES: _____

TYPE OF ROOF AND FLORIDA PRODUCT APPROVAL NUMBERS:

COATING ONLY, FL PRODUCT APPROVAL # _____

UNDERLAYMENT, FL PRODUCT APPROVAL # _____

FIBERGLASS SHINGLE, FL PRODUCT APPROVAL # _____

WOOD SHINGLE, FL PRODUCT APPROVAL # _____

MODIFIED BITUMEN, FL PRODUCT APPROVAL # _____

EPDM-HYPALON OR PVC ONE PLY, FL PRODUCT APPROVAL # _____

SMOOTH SURFACED BUILT-UP, FL PRODUCT APPROVAL # _____

BUILT-UP WITH AGGREGATE, FL PRODUCT APPROVAL # _____

TILE, FL PRODUCT APPROVAL # _____

METAL – DIRECT ATTACHMENT, FL PRODUCT APPROVAL # _____

METAL WITH PURLINS, FL PRODUCT APPROVAL # _____

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 / UNVENTED, SPECIFY: _____

FLASHING:

USE EXISTING, REPAIR EXISTING, REPLACE ALL FLASHING, REPLACE WITH L FLASHING, REPLACE WITH STEP FLASHING

DRIP EDGE:

USE EXISTING, REPAIR EXISTING DRIP EDGE, REPLACE ALL DRIP EDGE

VALLEY TREATMENT:

USE EXISTING VALLEY METAL, NEW METAL, NEW MINERAL SURFACE

THIS TWO (2) PAGE COMPLETED FORM MUST BE LOCATED ON THE JOB SITE FOR FINAL INSPECTION