

Building Division
490 3rd Street, NW
Winter Haven, Florida 33881
(863) 291-5695
Fax: (863) 298-7856
www.mywinterhaven.com



RE-ROOF AFFIDAVIT

In-Progress: Contractors - A complete affidavit must be on the jobsite in case inspector does not arrive before completion of work. If re-roof work is completed prior to inspector arrival, the inspector will accept a properly completed affidavit, and may do the Final inspection.

Permit Number: _____ Job Site Contact Phone Number: _____

Site Address: _____

Contractor/Owner Builder Name: _____ Contractor ID: _____

Nail schedule of purling and/or re-nailing of decking: _____

Amount of Framing/Sheathing Repair: _____

Specifications & type of underlayment overlap and roof pitch: _____

Sealed edges, objects, and valleys, valley material type with a minimum of four inch (4") flashing cement: _____

Nail schedule for eve drip, metal, roof shingles: _____

Roof Vent Types and Qualities

Attic Ventilation

Gas___ Plumbing___ Dryer___ Range___ Bath___ On Ridge___ Off Ridge___

Date: Work Performed: _____

Print Name: _____

Signed: _____

SWORN TO and subscribed before me this _____ day of, _____ 20_____

() IS () IS NOT personally known to me. Identified By: _____

NOTARY PUBLIC
State of Florida

My Commission Expires