



TOWN OF CALLAHAN

Post Office Box 5016 Callahan, Florida 32011

Chartered 1911

ROOFING CONTRACTOR INSPECTION AFFIDAVIT

I, _____, the Contractor/Qualifier do affirm and certify the roofing system installed under permit number _____ and located at _____

_____ was installed under my supervision; and the roofing system is in compliance with Chapter 9 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 / Complete all that apply)

- Asphalt Shingles
- Mechanically Fastened Tile
- Metal Panels / Shingles
- Other: _____

- Flat Roof (membrane, built-up, etc.)
- Mortar / Adhesive Set Tile
- Wood Shingles / Shakes
- Other: _____

Flat Roof Area ($\leq 2''/12''$): _____ s.f.

Low Slope Roof Area ($> 2''$ to $4''/12''$): _____ s.f.

Steep Slope Roof Area ($\geq 4''/12''$): _____ s.f.

Total Roof Area Under This Permit: _____ s.f.

Roof Sheathing Evaluation

Was the roof sheathing evaluated for insufficient connections or any deterioration? _____

Did any of the roof sheathing need replacement? _____ Approx. square footage: _____

What type of material was used to replace the deficient roof sheathing? _____

Has the roof sheathing been fastened to Code? _____ Type of fastener: _____

What is the fastener spacing? Field: _____ Perimeter: _____

Has the embedment of the sheathing fasteners been verified? _____

