



**Nassau County Building Department**  
**96161 Nassau Place**  
**Yulee, Florida 32097**

## Memorandum

TO: All Licensed Roofing Contractors

FROM: Gary Larson, Interim Building Official

DATE: July 10, 2018

RE: Replacement Affidavit

The County has re-activated the roofing affidavit form. It has changed and will require additional information regarding any re-roof permit issued by the County.

The required pictures will be one for each plan of the structures roof. The permit number needs to be applied to each piece of sheathing that is photographed. The photo will reflect the existing nailing pattern as stipulated in the affidavit.

The affidavit will be returned to the Building Department prior to scheduling the final roof inspection. Any contractor that does not follow the system will be required to have all inspections conducted by this Department and a re-roof will require a minimum of 3 days to complete. This Department will provide Notary Service as required on the affidavit.

**FERNANDINA**  
**(904) 530-6250**

**TOLL FREE**  
**1-800-948-3364**

**FAX**  
**(904) 321-5763**



**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? \_\_\_\_\_

**Roof Underlayment / Roof Covering Information**

**Underlayment**

Type of underlayment / secondary water barrier installed: \_\_\_\_\_

Lapping of head joints & side joints provided in inches: \_\_\_\_\_

Fastener spacing for underlayment product (if applicable): Field: \_\_\_\_\_ Perimeter: \_\_\_\_\_ Laps: \_\_\_\_\_

Drip edge materials, size, gauge, fastener type & spacing: \_\_\_\_\_

Valley materials, size, gauge, fastener type & spacing: \_\_\_\_\_

Other installed flashing material, size, gauge, fastener type & spacing: \_\_\_\_\_

Ridge vent material, fastener type, spacing & strapping: \_\_\_\_\_

**Roof Covering**

Roof Covering Type: \_\_\_\_\_ Roof Covering Product Approval #: \_\_\_\_\_

Roof Covering Manufacturer: \_\_\_\_\_

Roof Covering Attachment Method: \_\_\_\_\_ Fastener Type & Quantity: \_\_\_\_\_

**This affidavit must be kept with the permit documents for the Building Inspector to review at every INSPECTION.**

**I affirm and certify the information provided in this affidavit is true and correct. The work was completed under my supervision and complies with the applicable sections of the Florida Building Code.**

\_\_\_\_\_  
Contractor / Qualifier Signature

\_\_\_\_\_  
Date

State of Florida  
County of Nassau

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or (name of person) who has produced \_\_\_\_\_ (type of Identification) as identification.

\_\_\_\_\_  
Notary Signature

(Seal)