



LEVY COUNTY DEVELOPMENT DEPARTMENT

CONTRACTORS RE-ROOFING AFFIDAVIT

Property Owner's Name: _____

Legal Description of Property

Metes and Bounds: _____

_____ **Section:** _____ **Tws.** _____ **Rge** _____

Subdivision: _____ **Lot:** _____ **Block:** _____ **Unit:** _____

Project Address: _____

Estimated Cost of Re-roofing \$ _____ **Value of Dwelling \$** _____

WIND ZONE (Circle One) 110 120 Above 120

Contractors Name: _____

Business Name: _____

Address: _____

County License # _____ **Expiration Date:** _____

State License # _____ **Expiration Date:** _____

DESCRIPTION OF WORK (Circle One)

Type of Occupancy: Single Family Multi-family Commercial Industrial

Existing Roof Covering: Built up Shingle Metal Asbestos Other: _____

New Roof Covering: Built up Shingle Metal Other: _____

MUST INCLUDE "PRODUCT APPROVAL SPECIFICATION SHEET"

Re-roofing Affidavit

Part I: Contractor's Responsibilities

I, _____, Affirm that I will properly dispose of all the roofing
(Print, Type or Stamp Name)
material removed from the above project site in an approved Land Fill. I further certify that if asbestos shingles are found at the above address I will only proceed with the project if I can comply with the State of Florida's requirements for asbestos removal. If I cannot meet the State of Florida's requirements for the proper removal of asbestos I will notify the property owner to contract with a state approved asbestos abatement contractor.

Part II: Hurricane Mitigation Retrofit Requirements FS 553.844 (2)(b) 2 and 4

201.1 Roof sheathing fastening for site built single family residential structures.

I, _____, Affirm that all decayed or damaged sheathing shall be
(Print, Type or Stamp Name)
replaced to meet the applicable requirements of the Florida Building Code, **and** that the roof deck will be fastened to the framing members of the roof structure according to the applicable requirements of the latest edition of the Florida Building Code, or at a minimum, as specified below:

Type of Roof Deck: _____ Spacing of Framing Members _____ O. C.

Type of Fastener: _____ Spacing of Fasteners: _____ O. C.

Note: Minimum fasteners for ½" plywood is **8 D ring shank nails @ 6" O.C.** edges of panels, and **6" O.C.** in the field of the panel. [Source: Section. 101 Retrofits Required; Table 201.1]

201.2 Roof secondary water barrier for site-built single family residential structures.

I, _____, Affirm that a secondary water barrier shall be installed
(Print, Type, or Stamp Name)
when re-roofing (replacement of the existing roof covering). Such secondary water barrier shall meet minimum requirements of the Florida Building Code for underlayment.

Part III: Required Inspections

The roof deck nailing/fastening and the secondary water barrier are required to be inspected by a licensed building inspector, Florida registered Architect or Professional Engineer, or any individual certified under F.S. 468 to make such inspection (i.e., licensed Building Code Administrator or Building Inspector).

The Levy County Building Department requires that a roof deck inspection be scheduled at least one day in advance. The appropriate time for inspection of the roof deck is prior to the application of the underlayment system (i.e., dry-in). The Department will work with the roofing contractor or by offering an in-progress inspection or allowing inspection by **“Inspection Affidavit.”**

Inspection affidavits must include photographs of each plane of the roof with the permit number or address number clearly marked on the roof deck. Two sets of photographs shall be required for those jobs choosing the option to cover the entire roof deck with an approved self-adhering polymer modified bitumen cap sheet as permitted section 201.2 (b), one showing the nailing/fastening pattern, and one showing the secondary water barrier. Inspection affidavits are available from the Department.

A final inspection shall be made by the Building Department upon receipt of adequate documentation that all fastening and underlayment requirements of the Florida Building Code has been met.

It shall be the roofing contractor’s responsibility to protect the structure and it’s contents from inclement weather. The contractor has the authority to cover the roof without inspection in emergency situations or when otherwise deemed necessary to protect the structure and it’s contents, while the Building Department retains the authority to cut open the roof covering (dry-in) for spot checks as needed to assure compliance with the requirements of the Florida Building Code

I have read and understand the requirements stated in this affidavit and will comply accordingly.

Contractor’s Signature

STATE OF FLORIDA
County of _____

Sworn to and Scribed before me this _____ day of _____, 20____
A.D.

By _____.

Notary Public, State of Florida

Personally Known To Me

Produced Identification (Print, Type or Stamp Name)

Type of Identification Produced _____

Levy County Development Department

Roofing Inspection Affidavit

Building Permit No: _____ Parcel I.D. No: _____ - _____ - _____

I, _____, Licensed as a(n): Contractor*, Engineer, Architect, (Please print name and circle license type) or Building Inspector licensed under F.S. 468,

License No: _____

On or about _____, _____, 20_____, Did personally inspect the roof deck nailing and secondary water barrier work at: _____ (Jobsite address)

Based upon that examination, I have determined the roof deck fastening and the installation of the secondary water barrier was done according to the Hurricane Mitigation Retrofit Manual (Based on F.S. 553.844).

Contractor's Signature

STATE OF FLORIDA
County of _____

Sworn to and Scribed before me this _____ day of _____, 20_____, A.D.

By _____.

Notary Public, State of Florida

- Personality Known To Me
Produced Identification

(Print Type or Stamp Name)

Type of Identification Produced _____

*General, Building, Residential or Roofing Contractor, or any individual certified under F.S. 468 to make such inspections. Include photographs of each plane of the roof with the permit number or address clearly shown marked on the roof deck for each inspection. Provide the original affidavit with the request for final inspection to be made by the Building Department.

LEVY COUNTY DEVELOPMENT DEPARTMENT

APPLICATION FOR PERMIT

P.O. BOX 672, BRONSON, FL. 32621 352-486-5198, 352-486-5200, 352-486-5202

TAX FOLIO NO: (PARCEL#)	DATE:
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OWNERS NAME	OWNERS ADDRESS _____
	City _____

PHONE #	State _____ Zip _____
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CONTRACTOR'S/INSTALLER'S NAME (NOT BUSINESS NAME)	CONTRACTOR'S ADDRESS _____
	CITY _____

PHONE #	STATE _____ ZIP _____
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JOB NAME	JOB ADDRESS _____
	CITY _____ COUNTY - LEVY _____

LEGAL DESCRIPTION	
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SUBDIVISION _____	LOT _____	BLK _____
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UNIT _____	PHASE _____	SECTION _____	TOWNSHIP _____	RANGE _____
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TYPE OF CONSTRUCTION: RESIDENCE _____	NEW MOBILE HOME _____	USED MOBILE HOME _____	
ADDITION _____	POOL _____	REMODEL/REPAIR _____	DEMO _____
PREINSPECTION _____	OTHER _____		

DRIVING DIRECTIONS TO JOB SITE: _____
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TOTAL COST OF IMPROVEMENTS _____	TOTAL SQ FT. _____
TOTAL LAND AREA _____	NUMBER OF STORIES _____
NUMBER OF BATHROOMS-FULL _____	PARTIAL _____
SQ FT HEATED _____	UNHEATED _____

For Office Use Only	For Office Use Only
ZONING: _____	PERMIT FEE _____
SEPTIC PERMIT # _____	
FLOOD ZONE: _____	
ELEVATION _____	MIN. FINISH FLOOR ELVATION _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner

Signature of Owner

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Notary Public Signature

Notary Public Print

(SEAL)

Personally Known _____
Type of Identification Produced _____

Signature of Contractor/ Installer

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Notary Public Signature

Notary Public Print

(SEAL)

Personally Known _____
Type of Identification Produced _____

County Competency Card # _____

Contractor's State Certification No. _____ or Registration No. _____

Installer's State License # _____

(OFFICE USE ONLY)

Application Approved by	_____	_____
	Permit Officer	Date
Zoning Approved By :	_____	_____
	Building Official or Zoning Signature	Date
Zoning Denied By:	_____	_____
	Building Official or Zoning Signature	Date
Plans Reviewed By:	_____	_____
	Plans Examiner Signature	Date