



ROOF OVER INSPECTION AFFIDAVIT

JOB ADDRESS: _____ PERMIT # _____
INSPECTION REQUEST PHONE LINE (904)247-6107

I, _____ personally inspected the existing roof covering
(Print Name)
at _____ on _____ at _____ am/pm.
(Job Site Address) (Date) (Time)

Based upon that examination, I have determined that the existing roof covering meets the following criteria and is in conformance with the Florida Building Code, **Section 1510.3 Recovering versus Replacement:**

The existing roof or roof covering is **NOT** water soaked **or HAS NOT** deteriorated to the point that the existing roof or roof covering is inadequate as base for additional roofing;

The existing roof covering is **NOT** wood shake, slate, clay, cement, or asbestos-cement tile;

The existing roof has ONLY one (1) layer of **any** type of covering;

Blisters **DO NOT** exist in any roofing, **unless** the blisters have been **cut or scraped** open & the remaining materials **have been** secured down before applying additional roofing.

Signature

Date

Print Name

STATE OF FLORIDA, COUNTY OF DUVAL:

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ herein by himself/herself and affirms all statements and declarations herein are true and accurate.

NOTARY PUBLIC, STATE OF FLORIDA

Print Name: _____

Personally Known/ Identification: _____