



# 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: \_\_\_\_\_