



CITY OF ORLANDO

Building Permit Re-Roofing Supplement

Date: _____

Related Building Permit #: _____

Job Address: _____

Class of Roof:

- New Construction
- Tear Off Existing and Replace¹
- Roof Over Existing Roof²

¹If damaged decking is required, inspection is required

²Requires inspection prior to start of job

Type of Roof:

- Fiberglass Shingle
- Wood Shingle or Shake
- Other
- Smooth Surfaced Built-up
- Built-up with Aggregate
- Tile
- Modified Bitumen
- Coating Only
- EPDM - hypalon or pvc one ply

If tile, using which NTRMA Model Tile Spec: System 1 System 2 System 3

Method of Fastening:

- Nail (#/shingle) _____
- Staple
- Torch
- Hot Mop
- Cold Adhesive

Slope of Roof:

- 1 7/8:12 or less³
- 2:12 – 4:12⁴
- 4:12 or greater

³No shingle application allowed

⁴Requires underlayment inspection prior to shingle application

Ventilation:

- Turbines - qty _____
- Off-ridge - qty _____
- Powered Vent – qty _____
- Continuous Ridge Vent – qty _____
- Other _____

Chimney Flashing:

- Repair Existing
- Replace w/Step Flashing
- Replace w/L-Flashing
- Copper
- Galvanized
- Aluminum

Eaves Drip:

- Aluminum
- Galvanized
- Copper
- Painted Finish

Plumbing Stack Covers:

- Replace with New
- Leave Existing _____ # of stack covers

Valley Treatment:

- New Galvanized
- New Aluminum
- New Mineral Surface

Approximate Age:

_____ Years

Notice of Commencement Posted? Yes No

Subcontractors to be used (if any): _____

Residential owner provided with recovery fund information? Yes No

Casual factor for new roof: Scheduled Maintenance Failed workmanship Materials Failure Other

Note to Contractor: Please supply owner with copy of this completed form.

For plan review status, inspection scheduling/results and other permitting information, please call "PROMPT", our Interactive Voice Response system at 407.246.4444 or visit online at <http://www.cityoforlando.net/permits>.

Rev 04/2009



CITY OF ORLANDO

RE: Permit # _____

Effective: 10/01/2007

Inspection Affidavit

I _____, licensed as a(n) Contractor* /Engineer/Architect,
(please print name and circle Lic. Type) FS 468 Building Inspector*

License #; _____

On or about _____, I did personally inspect the roof
(Date & time)

deck nailing and/or secondary water barrier work at _____,
(circle one) (Job Site Address)

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Signature *

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 200__

By _____.

Notary Public, State of Florida

(Print, type or stamp name)

Commission No.: _____

Personally known _____ or
Produced Identification _____
Type of identification produced. _____

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection.