



**BRADFORD COUNTY
BUILDING DEPARTMENT**
 945 N. TEMPLE AVE. STARKE, FL 32091
 Mailing: P.O. Box B Starke
 OFFICE# 904-966-6223 INSP-LINE# 904-368-3966
 building@bradfordcountyfl.gov



Re-Roof Affidavit

This affidavit will replace the in-progress roofing inspection for CONTRACTORS ONLY. We will need to inspect the FINAL. If you are a homeowner that pulled a roofing permit this affidavit does not apply to you. A complete affidavit must be on the jobsite or *emailed* to our office before the final inspection.

PARCEL# _____

Permit #: _____ Job Site Contact Phone Number: _____

Site Address: _____

Contractor Name: _____ Contractor Lic: _____

Nail schedule of purling and /or re-nailing of decking: _____

Amount of Framing/Sheathing Repair: _____

Specifications and type of underlayment overlap and roof pitch: _____

Sealed edges, objects, and valleys, valley material type with a minimum of four inches(4") flashing cement: _____

Nail schedule for eve drip, metal, roof shingles: _____

Roof Vent Types and Quantities

Attic Ventilation

Gas ___ Plumbing ___ Dryer ___ Range ___ Bath ___

On Ridge ___ Off Ridge ___

Date Worked Performed: _____ Print Name: _____

Your Signature: _____

SWORN To and subscribed before me this _____ day of _____, 20____

() is () is not personally know to me. Identified by : _____

 State of Florida, Bradford County

Seal:Notary Public