



**CITY OF  
MOUNT  
DORA**

**BUILDING & FIRE PREVENTION  
CONSTRUCTION SERVICES**

**Building & Fire Prevention Construction Services**

510 North Baker Street

Mount Dora, FL 32757

(352) 735-7115

Fax: (352) 735-7191

Email: buildingdept@cityofmountdora.com

## SCOPE OF WORK- REROOFING

BFP-025

Permit: \_\_\_\_\_

Date: \_\_\_\_\_

Job Address: \_\_\_\_\_

Structure: ☐ Single-Family Residence/Townhouse ☐ Mobile home ☐ Commercial/Condominium

Re-Roof Type: ☐ Replacement - Tear off Existing and Replace ☐ Re-cover – New Roof over Existing Roof

If damaged decking replacement is required, an inspection is required.

Job Description: Square Footage \_\_\_\_\_ Special Notes: \_\_\_\_\_

### Type of Roof & Florida Product approval numbers:

- ☐ Coating Only FL # \_\_\_\_\_
- ☐ Underlayment FL # \_\_\_\_\_
- ☐ Fiberglass Shingle FL # \_\_\_\_\_
- ☐ Wood Shingle or Shake FL # \_\_\_\_\_
- ☐ Modified Bitumen FL # \_\_\_\_\_
- ☐ EPDM - hypalon or pvc one ply FL # \_\_\_\_\_
- ☐ Smooth Surfaced Built-up FL # \_\_\_\_\_
- ☐ Built-up with Aggregate FL # \_\_\_\_\_
- ☐ Tile FL # \_\_\_\_\_
- ☐ Metal – Direct attachment FL # \_\_\_\_\_
- ☐ Metal with Purlins FL # \_\_\_\_\_

### Slope of Roof:

- ☐ Less than 2:12\*
- ☐ 2:12 – 4:12\*\*
- ☐ 4:12 or greater

\*No shingle application allowed

\*\*Multi-layer underlayment requires inspection or digital photographs for verification

### Ventilation:

- ☐ Turbines – qty \_\_\_\_\_, ☐ Off-ridge Vent - qty \_\_\_\_\_, ☐ Powered Vent – qty \_\_\_\_\_, ☐ Ridge Vent – length \_\_\_\_\_,
- ☐ Other / Un-vented: \_\_\_\_\_

### Flashing:

- ☐ Use existing ☐ Repair Existing flashing ☐ Replace all Flashing
- ☐ Replace w/L-Flashing ☐ Replace w/Step Flashing

### Drip Edge:

- ☐ Use Existing ☐ Repair Existing Drip edge ☐ Replace All Drip Edge

### Valley Treatment:

- ☐ Use Existing valley ☐ New Metal ☐ New Mineral Surface

**Note: The following information is required on site for final inspection:**

1. This scope of work form with the signed and notarized roofing affidavit included.
2. Florida product approval installation instructions, current master filed systems or site specific engineering for all products used on the job.
3. Digital photographs of sheathing (if re-nailed), underlayment (if used), Purlins or insulation (if used) with a measurement devices shown to reference required spacing.

All the documents will become part of the inspection record. On-site inspections, per FBC Ch 1, may be required by the Building Department to verify Code compliance.

**City of Mount Dora  
Reroofing Inspection Affidavit  
Nailing, Sheathing, Dry-In & Flashing**

***REROOF ONLY***

Permit No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_, as a(n) General\*, Building\*, Residential\*, or Roofing Contractor, Engineer, Architect, or F.S. Chapter 468 Building Inspector, I hereby affirm, that all of the foregoing information is true and accurate and that the sheathing, nailing, dry-in, and flashings at the above referenced address/lot have been installed in accordance with the attached scope of work, complying with all applicable codes and standards. Based upon my examination I have determined the installation was done in conformance to Chapter 6 FBC-Existing.

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

Company/Contractor: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed by license holder)

**A final roofing inspection is required:**

**This signed and notarized affidavit must be provided at the job site at the time of the final roofing inspection along with digital photographs of each plane of the roof with the permit number or address number clearly marked on the deck for each inspection. The photographs must include a ruler or measuring device to confirm nail spacing and overlaps.**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me \_\_\_\_ or has produced \_\_\_\_\_ as identification and who \_\_\_\_ did or \_\_\_\_ did not take an oath.

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

*\*No general, building, or residential contractor certified after 1973 shall act as, hold himself or herself out to be, or advertise himself or herself to be a roofing contractor unless he or she is certified as a roofing contractor.*