



LEVY COUNTY DEVELOPMENT DEPARTMENT

CONTRACTORS ROOFING AFFIDAVIT

Property Owner's Name: _____

Legal Description:

Metes and Bounds; _____

_____ **Section:** _____ **Tws.** _____ **Rge** _____

Subdivision: _____ **Lot:** _____ **Block:** _____ **Unit:** _____

Project address: _____

Estimated Cost of Improvement: \$ _____

Contractors Name: _____

Business Name: _____

Address: _____

County License # _____

Expiration Date: _____

State License # _____

Expiration Date: _____

DESCRIPTION OF WORK: (Circle One)

Type of Occupancy: **Single Family** **Multi-family** **Commercial** **Industrial**

Existing Roof Covering: **Built up** **Shingle** **Metal** **Asbestos** **Other:** _____

New Roof Covering: **Built up** **Shingle** **Metal** **Other:** _____

Affiant's Certification

Part I:

I, _____, Affirm that I will properly dispose of all the roofing material removed from the above project site in an approved Land Fill. I further certify that if asbestos shingles are found at the above address I will only proceed with the project if I can comply with the State of Florida's requirements for asbestos removal. If I cannot meet the State of Florida's requirements for the proper removal of asbestos I will notify the property owner to contract with a state approved asbestos abatement contractor.

Part II:

I, _____, Affirm that all decayed or damaged sheathing and structural members have been replaced or repaired to meet the applicable requirements of the building code; and that the roof deck will be fastened to the framing members of the roof structure according to the applicable requirements of the latest edition of the Florida Building Code as specified below:

Type of Roof Deck: _____ Spacing of Framing Members _____ O. C.

Type of Fastener: _____ Spacing of Fasteners: _____ O. C.

Note: Minimum fasteners for 1/2" plywood is 8 D nails @ 6" O.C. edges of panels, and 8 " O.C. field.

Contractor or Contractor's Authorized Agent's Printed Name

Contractor or Contractor's Authorized Agent's Signature

NOTARY

Sworn to and Scribed before me this _____ day of _____, 20____ A.D.

- Personally Known To Me
 Produced Driver's License # _____

State of Florida Notary Public Signed

SEAL

State of Florida Notary Public Printed