



ROOF  
AFFIDAVIT

Office of Planning and Development  
Building Division  
330 W. Church St.  
P.O. Box 9005, Drawer GM02  
Bartow, FL 33831-9005  
(863)534-6080

In-Progress: Contractors or Owner Builders must schedule an In-Progress inspection for the day the work is being performed. A complete affidavit must be on the job site at the time of final inspection.

Roof inspections can be performed virtually by using Polk County's "VuSpeX GO" app which can be accessed through the Building Division's website at [www.polkfl.gov/services/building/inspections/](http://www.polkfl.gov/services/building/inspections/).

Permit Number: \_\_\_\_\_ Job Site Contact Phone Number: \_\_\_\_\_

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

Contractor, Owner Builder Name: \_\_\_\_\_ Contractor License #: \_\_\_\_\_

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

Amount of Framing/Sheathing Repair: \_\_\_\_\_

Specifications & type of underlayment overlap and roof pitch: \_\_\_\_\_

Sealed edges, objects, and valleys, valley material type: \_\_\_\_\_

Nail schedule for eave drip, metal, roof shingles: \_\_\_\_\_

Roof Vent Types and Quantities: Gas \_\_\_\_\_ Plumbing \_\_\_\_\_ Dryer \_\_\_\_\_ Range \_\_\_\_\_ Bath \_\_\_\_\_

Attic Ventilation: On Ridge \_\_\_\_\_ Off Ridge \_\_\_\_\_ Date: Work Performed: \_\_\_\_\_

Print: \_\_\_\_\_ Signed: \_\_\_\_\_

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

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who \_\_\_\_\_ is personally known to me or \_\_\_\_\_ has produced \_\_\_\_\_ as identification.

(AFFIX NOTARY SEAL)

Notary Public Signature: \_\_\_\_\_

Print Notary Name: \_\_\_\_\_

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