



**CITY OF OVIEDO BUILDING SERVICES
400 ALEXANDRIA BLVD.
OVIEDO, FL 32765**

**Residential Re-Roof
Hurricane Mitigation Inspection Process**

1. Roofing contractor shall be responsible for the protection of contents and structure at all times.
2. An **in-progress inspection** shall be scheduled after the old roof has been removed **and the dry-in is complete**. All components of the dry-in must be in place. To schedule an inspection, call 407-971-5838 or visit www.cityofoviedo.net Building Permit Customer Service Center.
3. For roofs using an entire peel and stick dry-in, a nailing affidavit shall be required to be posted on jobsite at time of in-progress inspection.
4. A minimum of one hundred (100) square feet of the new roof component shall be installed at time of inspection. Up to fifty percent (50%) of the new roof may be installed, but all flashing and valley metal shall remain exposed for inspection.
5. The contractor shall contact the inspector the day of the **scheduled** inspection between 7:30 a.m. and 8:00 a.m. to coordinate the inspection time (within a two (2) hour time limit). Please call 407-971-5772 or 407-971-5773 to speak with an inspector.
6. At time of inspection the inspector shall, at his or her discretion, select location(s) for inspection.
7. A representative of the contractor shall be on job site to facilitate any necessary repairs.
8. After the inspection is conducted, the contractor will make any necessary repairs and proceed as directed by the inspector.
9. For approved inspections, the inspector shall collect the required affidavit for filing with the permit application.

The above shall serve as the inspection process to meet requirements per Florida Statute. Any and all suggestions to better serve the contractor needs will be considered.



CITY OF OVIEDO BUILDING SERVICES

Residential Re-Roof Hurricane Mitigation Inspection Affidavit

Permit #: _____

I, _____ hereby acknowledge that I personally inspected

Roof deck nailing and/or Secondary water barrier work

at _____ and have determined that the work

(Job Site Address)

was done according to the Hurricane Mitigation Retrofit Manual. (based on 553.844 F.S.)

I certify that my statements herein are true and accurate to the best of my belief and that I fully understand that making any false statements in writing with the intent to mislead a public servant in the performance of his or her official duty shall constitute a misdemeanor of the second degree pursuant to Section 837.06 F.S.

Signature of Contractor

Date

Printed Name of Contractor

License #

License Type: General Building Residential Roofing Contractor
 or any individual certified in accordance with F.S. 468 to make such an inspection.

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 _____,

by _____, who is Personally Known to me or has Produced
(type of identification) _____ as identification.

(SEAL)

Signature of Notary Public
State of Florida

Print/Type/Stamp Name
of Notary Public