



Town of Jupiter Island Building Department

2 Bridge Road, Hobe Sound, FL 33455

(772) 545-0150 Fax (772) 545-0188

ROOF METAL & ROOF SHEATHING INSTALLATION CERTIFICATION

FOR LICENSED ROOFING CONTRACTORS ONLY

I. PURPOSE

The purpose of this Policy is to provide a method for certifying installation of roof metal, roof underlayment and re-nailing of roof sheathing on residential dwellings. ***This policy applies only to licensed roofing contractors.***

II. AUTHORIZATION

Chapter 1, Section 101 of the Florida Building Code, Building, provides that the purpose of the construction codes is to establish the minimum requirements necessary to safeguard the public health, safety and general welfare through adequately designed and properly constructed buildings.

III. APPLICATION

Qualified applicants may certify the roof metal installation and re-nailing of roof sheathing by preparing an affidavit certifying that the installation of the roof metal and re-nailing of roof sheathing complies with all codes, ordinances, rules and regulations; that the qualifier or designee personally inspected the specific job; and that the roof was installed according to the Florida Building Code, and Existing Building Code, as amended, and the manufacturer's installation instructions. This affidavit must be presented to the inspector at the next scheduled inspection on-site. When the roof metal and roof sheathing are not inspected at a Sheathing, Tin Tag/Roof Metal, or Final Inspection, the Inspector will either fail the inspection until certified by the applicant or pass the inspection if the signed affidavit is present at the job site. **Pictures of the re-nailed and repaired roof sheathing and roof metal are optional.** When a Final is the only scheduled inspection and an affidavit is supplied, the Inspector shall add the comment, "CERTIFIED," and pass the inspection. **Progressive re-roof inspections may still be requested.**

**LICENSED CONTRACTOR
AFFIDAVIT
ROOF METAL & ROOF SHEATHING INSTALLATION**

The Town of Jupiter Island offers progressive inspections – call (772) 545-0150

To: Town of Jupiter Island, Martin County, Florida
Building Department
2 Bridge Road
Hobe Sound, FL 33455

Re: Permit No. _____

From: _____ (Contractor)
_____ (Contractor's Address)
_____ (Owner/s Name)
_____ (Property Address)

CERTIFICATION SELECTION: *(Please check all that apply)*

___ Certification of roof metal installation, flashing, underlayment.

___ Certification of re-nailing roof sheathing, and removal and replacement of damaged or rotted wood.

___ Other _____

I, _____, am certified as a _____ contractor (License No. _____) and do hereby certify that all roof work (as indicated above) has been performed at the above address in accordance with Chapter 15 of the Florida Building Code, Building, as amended, and Manufacturer's Specifications. I understand that the Town of Jupiter Island offers progressive re-roof inspections. I have notified the owner of the property of this affidavit.

Signature of Qualifier

Date

STATE OF FLORIDA, COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath. (SEAL)

Signature of person taking acknowledgement _____

Name of officer taking acknowledgement--typed, printed or stamped _____

Title or rank _____ Serial number _____