



MARK A. GRENIER MCP, CBO  
Development Services  
BUILDING OFFICIAL

352-241-7311  
mgrenier@clermontfl.org

## RESIDENTIAL RE-ROOF AFFIDAVIT

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

Date: 08/07/2023

Job Address: 1294 Lattimore Dr., Clermont, FL 34711

Structure Type: ☒ One or Two- Family Residence ☐ Mobile Home

Re-Roof Type: ☐ Replacement (Tear off existing & replace) ☐ Recover (New over Existing)

Job Description/ Special Notes: Shingle re-roof

Slope of Roof: ☐ Less than 2:12\*

☐ 2:12-4:12

☒ 4:12 or Greater

\*No shingle application allowed

### A FINAL ROOFING INSEPCION IS REQUIRED

This signed and notarized affidavit must be provided at the jobsite at the time of the final roofing inspection along with photographs of all components of the roof installation including but not limited to ridge and off ridge ventilation, roof sheathing, underlayment, drip edge, skylights, and shingles. These photos must include the permit number or address clearly displayed in each photograph. The photographs must include visual verification that the work was performed at the above listed address. Please include a measuring device as a reference to confirm all installation requirements per the Florida product approval and applicable building codes.

I Tristan Hall, Licensed as a(n) ☐ Contractor, ☐ Engineer, ☐ Architect, ☐ FS 468 Building Inspector, License # CRC133397 or ☐ Owner Builder hereby affirm that all of the foregoing information is true and accurate and that the sheathing, nailing, dry-in, flashings at the above referenced address will be installed in accordance the applicable codes, Florida product approval installation instructions and standards set forth in the most current edition of the Florida Building Code- Residential and the Florida Building Code- Existing Building.

Signature: [Signature]

STATE OF FLORIDA; COUNTY OF LAKE:

Sworn to and subscribed before me, **by means of** ☒ physical presence or ☐ online notarization, this 7th day of August, 2023 (year), by Tristan Hall who is personally known to me or who has produced driver's license as identification.

Signature of Notary Public – State of Florida

My commission expires:

Jayson Albright  
(Print, type, or stamp commissioned name of Notary Public)

