

ROOFING UNDERLAYMENT AFFIDAVIT

Columbia County, Florida Building Department 135 NE Hernando Avenue Lake City, Florida 32055 Phone: 386-758-1008

www.columbiacountyfla.com

| Job Address: | TAbith A Sibel as a Florida license Roofing Contractor or an C | J Owner |
|---|---|---|
| Builder, I under | rstand to comply with the 2020 Florida Building Code 7 th Edition underlayment requ | irements, I |
| must select and | option for sealing the roof deck. | |
| The options are | summarized below | |
| applied o | self-adhering polymer-modified bitumen underlayment complying with ASTM Dover the entire roof. | 1970 |
| ASTM D1 AAMA 71 D226 Typ performa roof. | minimum 4-inch wide strip of selfadhering polymer-modified bitumen complyin 1970 or a minimum 3 % - inch wide strip of selfadhering flexible flashing tape cor 11, applied over all joints in the roof decking. A felt underlayment complying wit pe II, ASTM D4869 Type III or IV, or ASTM D6757, or a synthetic underlayment m ance requirements specified, is required to be applied over the strips/tape over | mplying with th ASTM eeting the the entire |
| two layer: | vo layers of felt underlayment comply ASTM 0226 Type il or ASTM D4869 Type is or a synthetic underlayment meeting the performance requirements specifiented as specified. | lli or IV, or d, lapped |
| Oti | | |

FINAL INSPECTION & CERTIFICATE OF COMPLETION:

This completed form and photographs must be uploaded to your permit via online at the Application Submission login (link) <u>Welcome to Columbia County Online (columbiacountyfla.com)</u>.

Clearly visible in the Photographs must be the permit number or address and must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing.



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| JOB ADDRESS: |
|---|
| I (Print Name) Tabitha Sibe , licensed under Chapter 468, Florida Statutes as a(n): |
| (Check One) Contractor Engineer Architect |
| License Number: <u>CC C 133 1947</u> |
| On this (Date) 9.17.21 , did personally examine the roof at the above address for regulatory |
| compliance as required for: (Check all that apply) |
| Roof Deck Attachment Secondary Water Barrier Roof to Wall Connection |
| Based on my examination, I have determined and affirm the installation is in accordance with the Florida Building Code 2020 7th Edition and 2020 Florida Statute (553.844). |
| (Affiant Signature) |
| county Alachua |
| The foregoing instrument acknowledged before me by means of physical presence or online notarization, this 17 day of 2021 by Tabatha Sibel who |
| personally known to me or has provided the following Identification |
| Notary Public Signature Notary Printed Name Rittary Dwatson My Commission Htl Right Signature Notary Public State of Brittary D Watson My Commission Htl Right Signature |
| OF COMPLETION: |

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