



# COMMUNITY DEVELOPMENT: BUILDING DEPARTMENT

One DesCombes Dr • Broomfield, CO 80020 • Office 303.438.6370 • Fax 303.438.6207 • buildingpermits@broomfield.org

## FINAL ROOFING INSTALLATION AFFIDAVIT

The roofing contractor shall complete this document and submit it to the Building Division when an on-site inspection cannot be made. A Certificate of Occupancy will not be issued until this affidavit has been received and approved by the Building Division or roof inspection has been approved.

**Project address:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

**Name of Builder:** \_\_\_\_\_

**Name of Roofing Contractor:** \_\_\_\_\_

### Roof Details:

Framing: \_\_\_\_\_ (example: wood trusses, steel trusses, concrete, etc.)

Roof sheathing: \_\_\_\_\_ (example: 1/2" inch OSB, 3/8" plywood, metal deck, etc.)

Slope of roof sheathing: \_\_\_\_\_ (example: 4 / 12, 1/4 inch per foot, etc.)

Underlayment: \_\_\_\_\_ (example: 15# felt, 30# felt, recovery board, etc.)

Type of Roofing: \_\_\_\_\_ (example: asphalt shingles, concrete tile, built-up, etc.)

Roofing Manufacturer: \_\_\_\_\_ (example: Tamko, Owens Corning, Firestone, etc)

Roofing product: \_\_\_\_\_ (example: Heritage, Boral etc.)

Slope Change: \_\_\_\_\_ to \_\_\_\_\_ Flashing Interlaced with Shingles at Slope Change?: \_\_\_\_\_

Flashing has been installed in accordance with the currently adopted codes: Yes \_\_\_\_\_ No \_\_\_\_\_

Please initial \_\_\_\_\_

- Number and type of fasteners used (specify): \_\_\_\_\_

(example: 6-1 1/2" roofing nails/shingle; 2 screws per tile, etc.)

- Ventilation was provided (please check one): \_\_\_\_\_ 1/150 attic area with majority of vents high OR low;

\_\_\_\_\_ 1/300 attic area with min. 40% to max 50% located high AND balance of required area placed low.

Roof area: \_\_\_\_\_ square feet

Total Square Footage of Venting Openings: \_\_\_\_\_

Make/Model/Opening Size of Low Vent (includes soffit vents): \_\_\_\_\_ # of Vents: \_\_\_\_\_

Make/Model/Opening Size of High Vent: \_\_\_\_\_ # of Vents: \_\_\_\_\_

Roof-mounted attic ventilation has been installed to comply with approved plans: Yes \_\_\_\_\_ No \_\_\_\_\_

Please initial \_\_\_\_\_

As the **Roofing Installer**, I hereby certify that the roofing installation at the above address was performed in accordance with Chapter 9 of the 2021 IRC and/or Chapter 15 of the 2021 IBC and the manufacturer's installation instructions, including but not limited to the items indicated above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF COLORADO  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

by \_\_\_\_\_.  
(Name of person you are acknowledging)  
(Name to be notarized is the Roofing Installer)

\_\_\_\_\_  
Notary's official Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Commision Expires

(Seal Here)

As a representative of the **general contractor** for the project noted above, I understand that this roofing was not inspected after the installation was complete; I accept responsibility for its compliance with all currently adopted codes and including but not limited to the items indicated below.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As **owner** of the home at \_\_\_\_\_ (address), I understand that this roofing was not inspected after the installation was complete. I accept this affidavit instead of Building Division final roof inspection.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Dept. Approval \_\_\_\_\_ Date: \_\_\_\_\_