



Roofing Disposal Affidavit

Date: _____

Address: _____

Permit No. _____

UNLESS OTHERWISE NOTED, REQUIRED UNDERLAYMENT SHALL CONFORM WITH ASTM D 226, TYPE I, OR ASTM D 4869, TYPE 1.

I, _____, certify that I will properly dispose of all the roofing material removed from the above address in an approved Land Fill. I further certify that if asbestos roofing products are found at the above address, I will only proceed with the project if I can comply with the State of Florida’s requirements for asbestos removal. If I cannot meet the State of Florida’s requirements for the proper removal of asbestos, I will notify the property owner to contract with a state approved asbestos removal contractor, or a roofing contractor certified with FRSA for the removal process.

CONTRACTORS SIGNATURE: _____

PLEASE CALL (352) 334-5050 24 HRS. IN ADVANCE BEFORE 4:30 P.M. FOR AN INSPECTION REQUEST.

Station 9 * P.O.box 490 * Gainesville, Fl 32627-0490
(352) 334-5050 * Fax (352) 334-2207
Office hours: Monday – Thursday 7:00 am – 6:00 pm