

**SPECIFICATIONS FOR RESIDENTIAL REHABILITATION PROJECT**  
**Scope of Work Write-Up**

Property Owner: Curtis Green  
Address: 2159 Wagner Street  
City and State: Mobile, AL 36617  
Phone: 251-391-9976  
Inspector: Terell R.

**Roof**

- **Pictures must be provided to include material delivery, through each step, to housing inspector during repair. Pictures must be clear, and referenced to home being worked on. Pictures are to be provided in real time, prior to home being completed. Third party apps such as Company Cam® are acceptable.**
- Areas that are found to be spaced decked shall be covered with ½” exterior grade sheathing material after removing the existing decking. It is the contractors responsibility to ensure the framing and structure will support the additional load.
- Remove existing roofing materials down to bare decking.
- Check all roof trusses/rafters and repair/replace as needed to ensure that new roof structure is flat and smooth without rises or depressions in roof system.
- **Replace all rotten, broken, un-even, weak, or deteriorated decking framing; including supporting roofing system such as rafter tails, fascia and etc.**
- **Any exposed repaired or replace wood should be protected from the elements, painted to match existing color.**
- Replaced/repared decking shall be level and ready to accept felt and shingles.
- Check all roof trusses for strength and stability before re-shingling house.
- Remove all unused elements, vents, etc., that are not operational and close them below roof level.
- Re-flash all valleys, vents, roof openings, and chimneys.
- Install new boots around all roof penetrations.
- Haul away debris immediately.
- Use a magnetic sweep around the perimeter of house and rake away any other debris.
- **Cover entire roof decking with self-adhered roofing underlayment then install synthetic or 15# asphalt impregnated felt underlayment.**
- Prepare roof decking to accept a ridge vent.
- **Starter shingles must be self-adhered.**
- Re-roof with a 30year dimensional class A fiberglass asphalt shingle. (Owners choice of color) (any area deemed to need roll roofing material will be self-adhering modified bitumen) cap sheet and (base sheet if needed) install proper metal drip rail for this style roofing.
- **Contractor must provide shingle color sample to homeowner prior to material delivery.**
- Shingles must be 1<sup>st</sup> quality still in the wrapper. Seconds will not be accepted.
- Install drip rail around perimeter of house. Shingles shall have ½” to 1 ½” overhang.
- Install roof over ridge vent with-in 2ft of end of ridge (end to end).

- New roof shall be structurally sound and leak free, including at any attached structures that are adjoined to roof.
- Contractor shall warrant the roof to be completely leak free for one year.

All work shall meet or exceed the requirements of the ICC Residential Code and the Standard Building Code © Section 1501 for roof materials, application, installation, etc., Section 309 for roof and ceiling framing; City of Mobile's Residential Building Code and all other codes that govern. Any and all additions or alterations to the specifications listed herein will REQUIRE a change order and will not be allowed unless approved by the Community & Housing Development Office. If any such work outside these specifications is made without prior authorization it could result in a loss of payment for work performed outside the bid specifications.

**I, the undersigned Contractor, having inspected the property and familiarized myself with the requirements of the Scope of Work Write-up for the listed address, do fully understand the extent, character, and intent of the work, and hereby propose to furnish all labor, material, and equipment necessary to accomplish all of the work called for herein, for the stated amount of:**

**GRAND TOTAL for 2159 Wagner Street:**            \$ \_\_\_\_\_

I will begin the work within \_\_\_\_\_ calendar days of receiving a Notice to Proceed and I will complete the work within \_\_\_\_\_ calendar days of beginning work. (Initial here) \_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Name - Printed

\_\_\_\_\_  
Contractor Representative's Title

\_\_\_\_\_  
Contractor Company Name

\_\_\_\_\_  
Contractor Phone Number

\_\_\_\_\_  
Contractor Address - Email

\_\_\_\_\_  
Contractor Address – Physical Location

