



Community Development

Building | Code Enforcement | Planning | Zoning

Roofing Inspection Affidavit

Permit No. _____

Job Address: _____

I, _____, licensed as a(n):
(Please print name and check license type)

Contractor* Engineer Architect F.S. 468 Building Inspector*

License # _____

On or about (date & time) _____ did personally inspect the roof deck nailing and secondary water barrier work at the above address.

Based upon that examination, I have determined the installation as done according to the 2010 Florida Building Code Existing Buildings Sec. 708.1, 708.1.1, 708.1.2 & 708.7.2

Signature

STATE OF FLORIDA, COUNTY OF POLK

Sworn to and subscribed before me this ____ day of _____, 20____

By _____ who is personally known to me ____ or who has produced _____ as identification.

Signature of Notary Public (Seal)

Printed, Type or Stamp Name

*General, building, residential, or roofing contractor or any individual certified under F.S. 468 to make such an inspection. Florida Building Commission Rule 93-3.047 FAC, Allows Affidavits.