BUILDING CODE SERVICES
INSPECTION AFFIDAVIT

Permit No.: _____ Job Address _____

I _____, licensed as a(n)
(Name)

☐ Florida Professional Engineer* ☐ Registered Architect* ☐ Licensed General Contractor

☐ Building Contractor ☐ Residential Contractor

☐ Person certified in the Structural discipline under F5 468

License # _____, on or about _____
(Date)

Did personally inspect the roof deck nailing and/or secondary water barrier work at

_____
(Property Address)

Based upon that examination, I have determined that the installation was done according to the Hurricane Mitigation Retrofit Manual. (based on §553.844FS)

_____ _____
(Signature) (Date)

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____day of _____ 20_____

By_____

_____
Notary Public, State of Florida

Personally Known _____

Produced Identification _____

Type of Identification Produced _____